Information System for Alberta Family Planning Programs

Alberta

INFORMATION SYSTEM
FOR
ALBERTA FAMILY PLANNING PROGRAMS

Developed by:
The Subcommittee on Information Systems

Accepted and Adopted by:
The Standing Committee on Family Planning

December 1, 1983

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TABLE OF CONTENTS

PAGE

Background 1

Conceptual Framework 7

Client Counselling Records 17

Client Clinical Records 29

Clinical and Counselling Services Data Summaries 45

- Essential Data Summary 47
- Client Data Summary 51
- Counselling Services Data Summary 57
- Clinical Services Data Summary 63

Education Services Record 67

Consultation Services Record 75

Resource Sharing Record 81

Telephone Record 87

Liaison/Public Relations/Community Awareness Record 93

Program Administration Time Allocation Record 99

Family Planning Quarterly Summary 105

Appendix A - Family Planning Program Codes 111

Appendix B - Annual Survey of Alberta Family Planning Programs 113

INFORMATION SYSTEM FOR ALBERTA FAMILY PLANNING PROGRAMS

OVERVIEW

The Information System for Alberta Family Planning Programs was developed by the Standing Committee on Family Planning with the cooperation of all family planning programs, based on the information needs identified by each of the family planning programs.

The mandate of the Subcommittee on Information Systems, hereafter referred to as the Subcommittee, was to develop an information system which is flexible - to allow individual programs to design their own program's information system; efficient - to result in a better utilization of staff time; reliable - to ensure that data items are defined consistently across the province; and effective - to result in a useful data base for program management and reporting.

The Subcommittee identified a large potential data base for family planning programs and developed definitions for each data item. Some data items are designated as Essential for all family planning programs to collect. There are other data items that are Recommended but not required. It is the responsibility of each family planning program to tailor the Information System to meet the needs of their program based on the foundation of Essential data items.

The system is a decentralized system that is comprised of a client based system component, an activities based system component and administrative information. Forms were developed to accompany the system and accommodate manual and computerized systems.

The data obtained through the Information System is collected, analyzed and managed by each family planning program. Programs may use this information as a data base for program management and reporting.

Summary information from Essential data items are forwarded to Health Education and Promotion Services for provincial collation. Program specific data is confidential at the provincial level and is reported only in its aggregate form or with the written permission of the family planning program concerned.

The implementation of the Information System has resulted in the development of a reliable data base on family planning service delivery by the family planning program.

BACKGROUND

The Information System for Alberta Family Planning Programs was developed by the Standing Committee on Family Planning with the cooperation of all family planning programs in Alberta.

The need for an information system was identified during the Opportunity For Interchange Workshop in January 1983. The Standing Committee on Family Planning identified the activity in its 1983-84 workplan. A Subcommittee on Information Systems was formed, receiving approval from the Meeting of Directors on September 9, 1983. The mandate of the Subcommittee is presented in Figure 1.

FIGURE 1
MANDATE OF THE SUBCOMMITTEE ON INFORMATION SYSTEMS

The mandate of the Subcommittee on Information Systems was to develop a system whose primary focus is on meeting the information needs of family planning programs at the program level and has the following characteristics:

Flexible:	to allow individual programs to design their own program's information system upon the foundation identified as "Essential" data items.
Efficient:	to result in a better utilization of staff time for data collection and reporting.
Reliable:	to ensure that all data items were defined consistently across the province.
Effective:	to result in a useful information system packaged in a way to simplify reporting and provide the data base for effective program management.

Members of the Subcommittee were selected because of their expertise in different areas of family planning service delivery.

The Subcommittee met four times in 1983/84 and conducted three surveys of all nineteen family planning programs to obtain input and consensus regarding the Information System. The Subcommittee developed the Information System based on the information needs identified by each family planning program.

THE IDENTIFICATION OF DATA ITEMS

The first survey, conducted in August 1983, asked family planning programs to rank an extensive list of possible data items. This list was generated by the Subcommittee in a brainstorming exercise.

Programs were asked to identify whether a proposed data item was either essential for reporting to their funding source, essential for program management, not essential but of interest to the program, or of no value to the program.

Programs were encouraged to add and rate any data items they felt should be included in the Information System.

The Subcommittee met on September 12, 1983 to review the collated responses to the survey. Each proposed data item was reviewed to determine whether the programs' indicated it was important for program management or required by their funding source.

Data items identified by the majority of the program as being essential for program management or reporting to their funding source were recommended for inclusion in the Information System. These recommended data items were further evaluated and classified.

The following recommendations were unanimously made at the September 12, 1983 subcommittee meeting.

> The Subcommittee recommended that the items for inclusion in the Family Planning Information System be designated as follows:
>
> E Being essential data for all family planning programs to collect and submit to Family Planning Services (now Health Education and Promotion Services) periodically throughout the year.
>
> EA Being essential data for all family planning programs to collect and submit to Family Planning Services yearly as part of the Annual Survey. (N.B. The recommendation of March 9, 1984 to appended the Annual Survey to the Information System.)
>
> R Being recommended data for family planning programs to collect but not formally submit to Family Planning Services.
>
> The Subcommittee recognizes that the data collection for the proposed Information System, both Essential and Recommended, is extremely useful for new and existing programs. This data can be a basis for their own information system, both for reporting to funding sources and for program management.
>
> The Subcommittee recognizes that this is the introductory first step in the development of an Information System and will be looking for input into these and future required data items.

The Standing Committee unanimously adopted the recommendations of the Subcommittee on September 20, 1983.

THE DEVELOPMENT OF DEFINITIONS AND FORMS

Once the data items were determined, they were divided into logical groupings. These logical groupings became the content for a form. Each Subcommittee member assumed primary responsibility for the development of the definitions and form format for the groupings of data items in their area of expertise.

The Subcommittee met on October 5, 1983 to review the first draft of the definitions prepared by respective Subcommittee members. Each definition was reviewed, discussed, and in some cases revised.

The revised definitions were prepared in a survey format and mailed to each family planning program for their review and comment.

The Subcommittee met on November 2, 1983 to review the results of the definitions survey. Each definition was discussed and the recommended definition developed.

In addition, the draft forms developed by the responsible Subcommittee member were reviewed, discussed, and in some cases revised.

During the November 2, 1983 meeting, the Subcommittee on Information Systems unanimously recommended the following to the Standing Committee on Family Planning:

1. That the Standing Committee on Family Planning adopt and accept the Information System developed by the Subcommittee on Information Systems.
2. That all family planning programs implement the Information System, as described, on January 1, 1984.
3. That all programs implement all 'E' items and those 'R' items that meet their needs.
4. That the definitions and forms be reviewed by the Subcommittee after February 15, 1984 and that all changes be in place by April 1, 1984, and that no additional changes be made during 1984/85 fiscal year.
5. That the Information System be reviewed during the third quarter of the 1984/85 year by the Subcommittee.
6. That the data generated by the Information System be confidential and that information only be released in its aggregate form *or with written permission of the family planning program concerned.*
7. That the responsibilities as outlined in the responsibility statement be accepted by the respective parties (See Figure 2).
8. That the Subcommittee Information Systems membership remain the same during the 1984/85 fiscal year.

Figure 2
RESPONSIBILITIES REGARDING THE INFORMATION SYSTEM

Program Level	Provincial Level
- to identify their own program's information needs and tailor the information system ("R" data items) to meet those needs	- to supply sufficient standardized forms on an ongcing basis to meet program needs
- to ensure all staff receive inservice on new system	- to respond to requests for consultation on implementation and utilization of the resulting data
- to ensure internal systems developed to facilitate adoption of forms and timely reporting	- to facilitate coordination of responses/concerns for consideration by the Subcommittee and the Standing Committee
- to submit the Family Planning Quarterly Summary Form to Health Education and Promotion Services by the 15th of the month following the quarter	- to prepare and distribute reports recommended by the Standing Committee in addition to The Report of the Annual Survey on Family Planning Programs
- to note definitions or areas where system can be improved and give feedback to Subcommittee by February 15th, 1984 and ongoing after that time to Health Education and Promotion Services	
- to identify what feedback would be valuable to you and at what interval	
- to actively participate in the continuing development of the Information System	

9. That an abstract be prepared on the development of a province-wide Family Planning Information Systems for submission to the Canadian Public Health Association for presentation at the 1984 Annual Convention in Calgary.

The Standing Committee unanimously adopted the recommendations as amended on December 1, 1983. The amended section appears in italic in recommendation number six.

THE PILOT TESTING PHASE

The Information System was implemented for pilot testing by all staffed family planning programs on January 1, 1984. A survey was conducted in late February to receive input from program regarding the appropriateness of the data items, classification and definitions, as well as the ease of use of the forms.

The Subcommittee met February, 29 and March 1, 1984 to review the results of the survey. Since the December meeting Kathy Bentley had resigned from the Subcommittee due to her leaving Calgary Birth Control Association. As a result the Subcommittee was composed of the remaining four original members. Ten major recommendations were unanimously put forward to the Standing Committee.

1. That the following changes be made on the data items, definitions and classifications for the Information System for Alberta Family Planning Programs:... (Six pages of specific recommendations followed.)

2. That the following changes be made on the forms which support the Information System:... (Six pages of specific recommendations followed.)

3. That the Annual Survey be appended to the Information System and that it not be considered part of the Information System.

4. That quarterly summaries rather than monthly summaries of program services be submitted to Health Education and Promotion Services beginning with the first quarter of the 1984-1985 fiscal year, April, May, June. Quarterly summaries are to be completed and submitted by the fifteenth of the month following the end of the quarter.

5. That programs adopt the suggested program codes based on the Local Health Authority International Vaccination Number and other numbers as suggested by the Subcommittee. (See Appendix A.)

6. *That all programs seek approval for implementation of the Information System as amended (as required by their Board or Directors) and implement.*

7. That all suggested changes in the Information System be implemented immediately.

8. That subsequent to this initial year all changes in data items, definitions and forms be implemented at the beginning of the calendar year, January 1.

9. That a survey be conducted following the first quarterly report due July 15 ,1984 and that the Subcommittee meet to review results and make recommendations for changes in the Information System.

10. That prior to the September meeting a representative from a voluntary family planning program be identified to represent the voluntary sector on the Subcommittee.

The Standing Committee met on March 9, 1984 and unanimously adopted the recommendations as amended. Sections appearing in italic denote amended area. The minor recommendations that accompanied the first two major recommendations have been incorporated into the April 1, 1984 Edition of the Manual.

THE ANNUAL REVISION PROCESS

The Information System has not progressed to the stage where an annual review of new data needs as identified by the local programs, and the development of recommended changes in the information to meet these newly identified needs, remains as the primary tasks of the Subcommittee.

In the fall of 1984 programs were asked to identify suggested changes to the Information System. The Subcommittee met to interpret the results of this survey and developed recommendations for changes in the Information System. The Standing Committee on Family Planning accepted their recommendations, with the changes to be implemented January 1, 1985.

The membership of the Subcommittee on Information Systems for 1985 are as follows: Kathleen O'Malley, Alberta Social Services and Community Health, Chairman, Maureen Clark, Ft. McMurray and District Health Unit, Margaret Pointen, Planned Parenthood Association of Edmonton, and Lloy Jones, City of Edmonton Local Board of Health.

CONCEPTUAL FRAMEWORK

The Information System for Alberta Family Planning Programs has as its center the individual family planning program. Each program is responsible for the collection, analysis and management of its own data base. Each program determines the composition of their own data base based on the foundation of Essential, "E", data items. Each program identifies which of the Recommended, "R", data items to include in their information system. It was the intention of the Subcommittee that programs determine the value of each "R" data item in terms of service delivery and program management before including the item in their information system.

The basic conceptual framework for the Information System is depicted in Figure 3. Each circle in the diagram represents data. Arrows show the direction of the flow of data.

Each program manages its own data base and determines the uses for the data base created by their information system. Some possible uses are depicted in the ring of circles surrounding the center circle.

For example, a program may choose to use this data in program management, or to augment a proposal for funding. A program may wish to include selected summaries of the data in the Health Unit Annual Report, if one is required.

In addition, summaries of Essential data items are submitted quarterly to Health Education and Promotion Services. This data is collated and reported in the Report on the Annual Survey of Alberta Family Planning Programs and the annual Directory of Family Planning Programs. Each program receives a copy of these reports. This enables local programs to get a province-wide perspective on family planning service delivery and facilities networking between the family planning programs.

THE SYSTEM: OVERVIEW

The relationship between the individual information systems (one for each family planning program) and Health Education and Promotion Services to depicted in Figure 4.

The circles represent each family planning program's information system. The circles are different sizes because each information system has been tailored to meet the information needs of each program. Yet all information system have a standardized format, represented by their circular shape. The system recognizes no formalized data sharing between programs, however programs may choose to share their own information at their discretion.

All programs periodically share summaries of a standardized data set with Health Education and Promotion Services. This information is collated and aggregate data summaries and reports are prepared and distributed to the family planning programs.

Figure 3
INFORMATION SYSTEM FOR ALBERTA FAMILY PLANNING PROGRAMS
Conceptual Framework

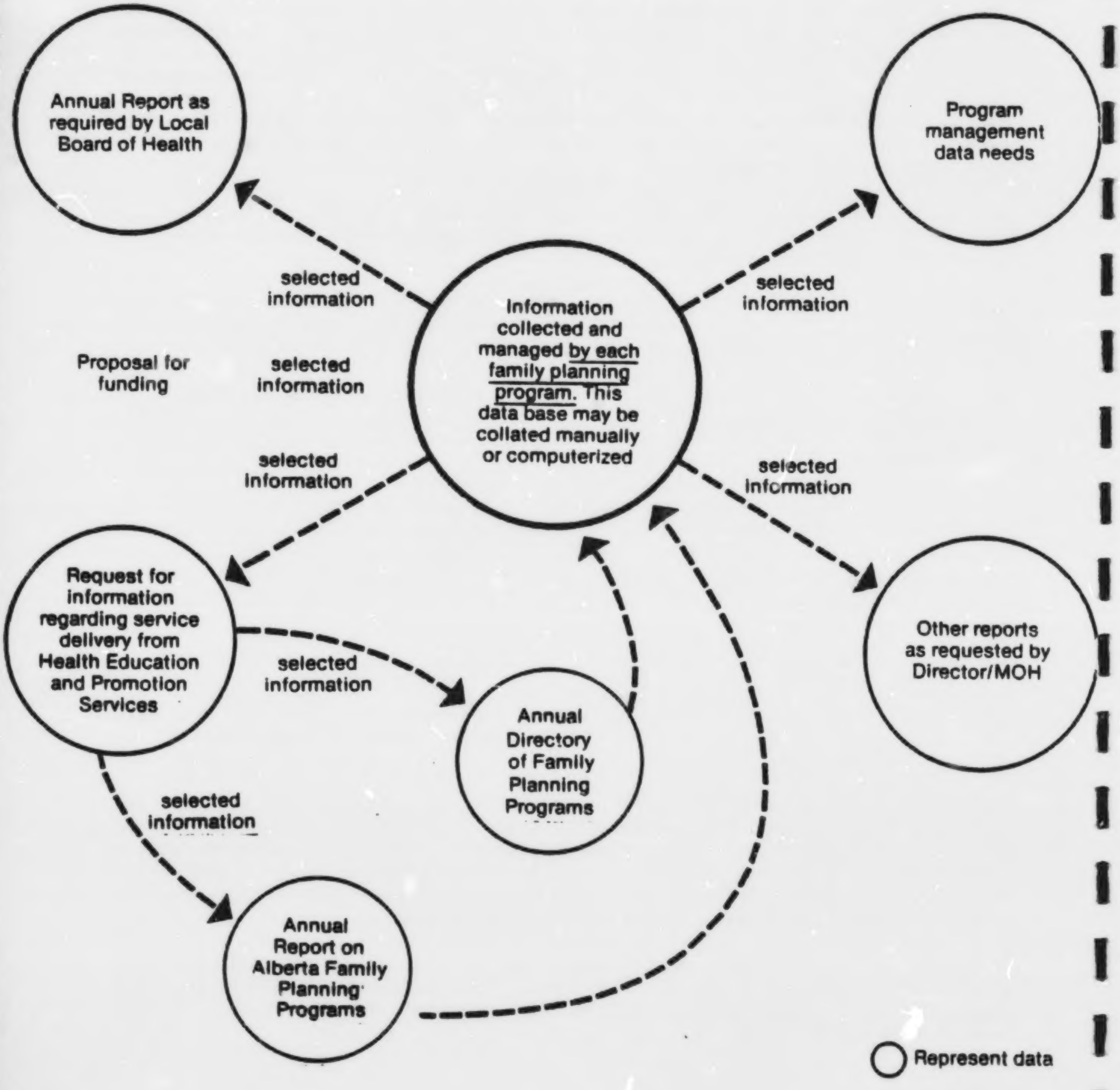
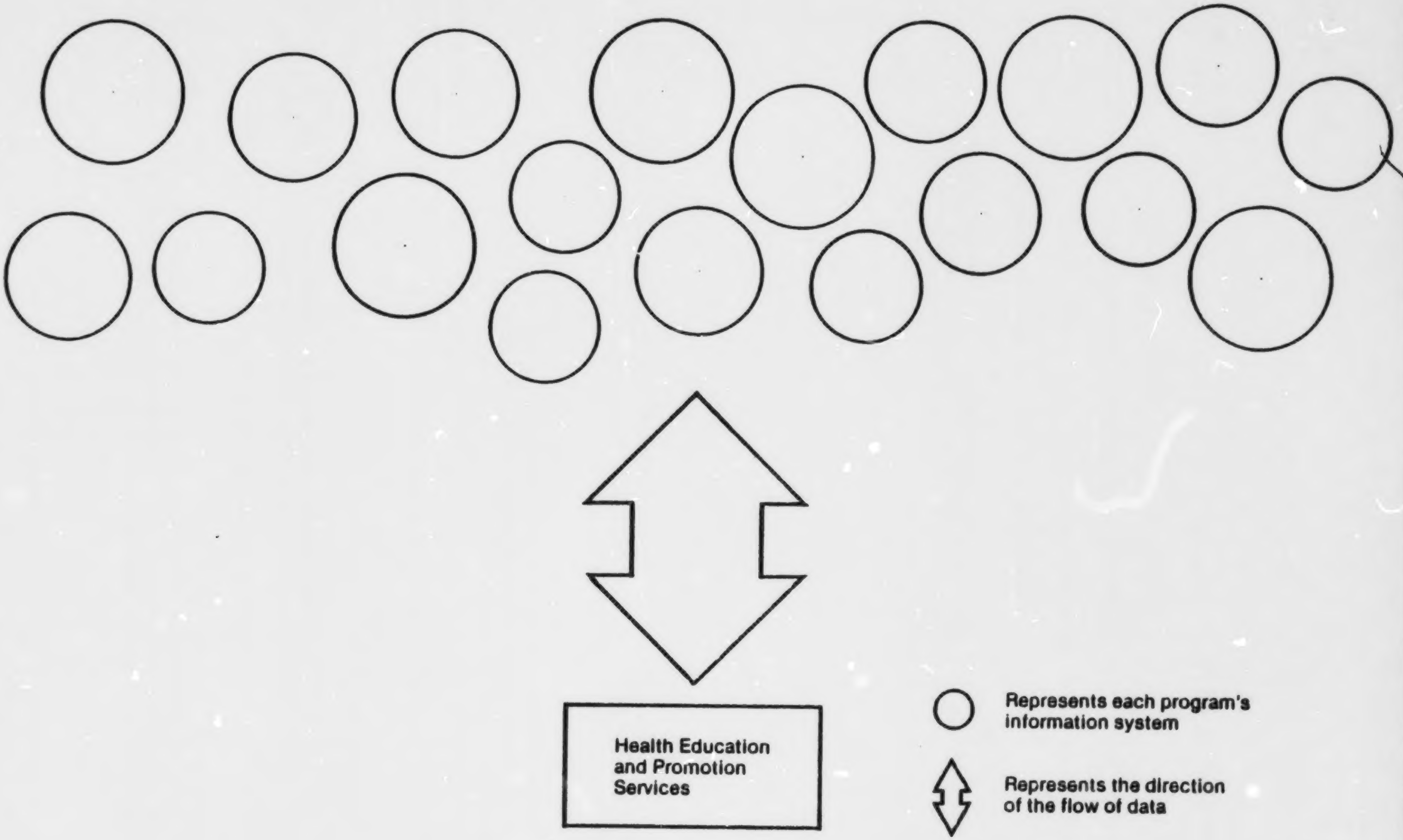

Annual Report as required by Local Board of Health
Program management data needs
selected information
selected information
Information collected and managed by each family planning program. This data base may be collated manually or computerized
Proposal for funding
selected information
selected information
selected information
Request for information regarding service delivery from Health Education and Promotion Services
selected information
Other reports as requested by Director/MOH
Annual Directory of Family Planning Programs
selected information
Annual Report on Alberta Family Planning Programs
Represent data
Represent the flow of data

Figure 4
INFORMATION SYSTEM FOR ALBERTA FAMILY PLANNING PROGRAMS
System Overview


Health Education
and Promotion
Services
Represents each program's information system
Represents the direction of the flow of data

THE ORGANIZATION AND FLOW OF DATA

The Information System is composed of a client-based system, an activities based system, and administrative information. A listing of the forms that accompany each system component and possible options in the flow of data is depicted in Figure 5.

Client-Based System

A client-based system component was developed to capture the data related to counselling and clinical services of family planning programs.

The foundation of the client based system is the definitions of a client and a visit.

A client is an individual who, in person, comes to a family planning program and receives any of the family planning services which require a medical or counselling record.

A visit is a face-to-face encounter between family planning staff and a client where family planning clinical and/or counselling services, or supplies are provided.

Valuable program management information can be obtained by collating client data and visit data in a two-by-two table, or crosstab, with time being the dependent variable. This crosstab is displayed in Figure 6.

Figure 6
CROSSTAB OF CLIENT DATA AND VISIT DATA

	New Client	Previous Client	
First Visit	# New Client	# Previous Clients	Total # First Visits
Return Visit			Total # Return Visits
	Total # Visits by New Clients	Total # Visits by Previous Clients	Total # Visits

The definitions that apply to the crosstab are as follows:

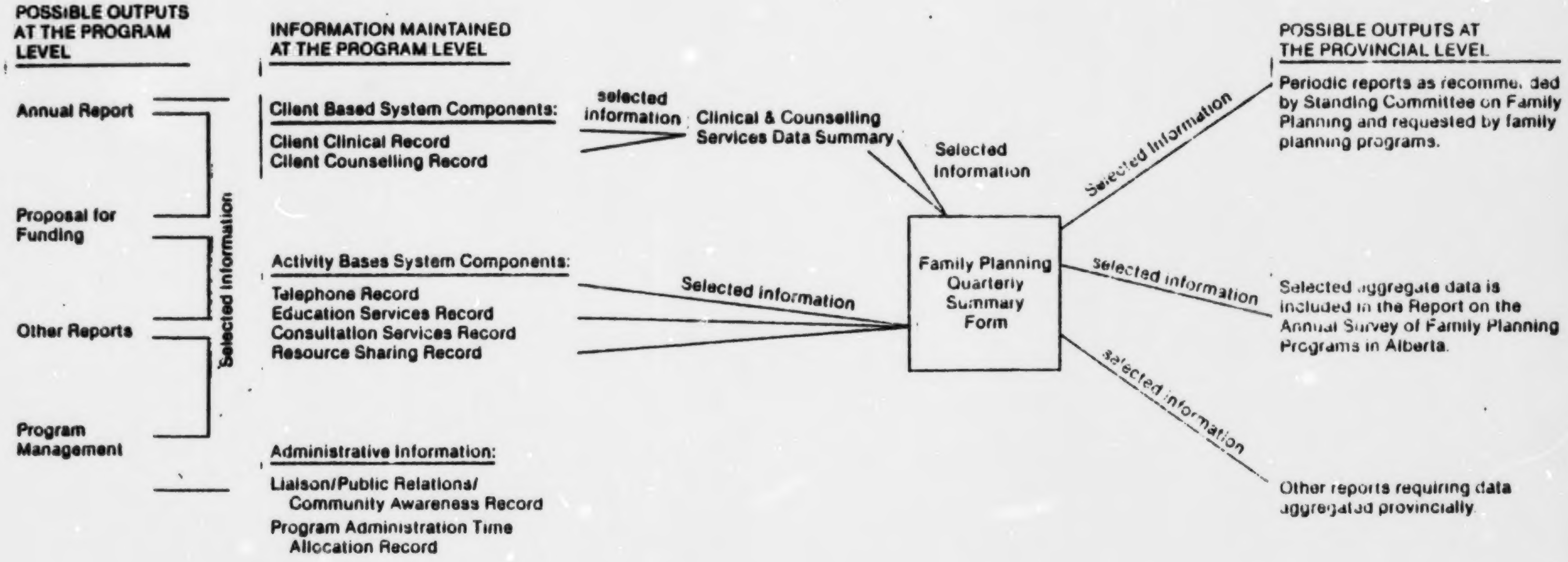
New Client - A client who is new to your family planning program.

Previous Client - A client who was a new client in a previous calendar year.

First Visit - The first visit of a client in a calendar year.

Return Visit - The second or more visits to your family planning program in the same calendar year.

Figure 5
INFORMATION SYSTEM FOR ALBERTA FAMILY PLANNING PROGRAMS
Data Flow Chart


POSSIBLE OUTPUTS AT THE PROGRAM LEVEL
Annual Report
Proposal for Funding
Other Reports
Program Management
Selected Information
INFORMATION MAINTAINED AT THE PROGRAM LEVEL
Client Based System Components:
Client Clinical Record
Client Counselling Record
selected information
Clinical & Counselling Services Data Summary
Selected Information
Activity Bases System Components:
Telephone Record
Education Services Record
Consultation Services Record
Resource Sharing Record
Selected information
Administrative Information:
Liaison/Public Relations/ Community Awareness Record
Program Administration Time Allocation Record
Family Planning Quarterly Summary Form
Selected Information
selected information
selected information
POSSIBLE OUTPUTS AT THE PROVINCIAL LEVEL
Periodic reports as recommended by Standing Committee on Family Planning and requested by family planning programs.
Selected aggregate data is included in the Report on the Annual Survey of Family Planning Programs in Alberta.
Other reports requiring data aggregated provincially.

Total Number of Visits - The total of all (New Client, First Visits) + (New Client, Return Visits) + (Previous Client, First Visits) + (Previous Client, Return Visits).

This technique allows a program to measure the rate of program growth by monitoring the number of new clients and the total number of visits.

In addition, the number and percentage of returning clients may serve as an indicator of the acceptability of the service. However, caution needs to be used in interpreting the data on returning clients, as there are many reasons for the client not returning to the program that are not related to acceptability, e.g. relocation, lack of need for service.

None the less, these measures can serve as an early warning system for program managers. A drop in the number of new clients could indicate a need for increased advertising, a decline in the return rate could suggest the need for a client satisfaction questionnaire, or on the other hand, could just be the logical outcome of a change in the contraceptive case mix.

In time patterns will emerge in the utilization and continuation rates of new and previous clients. This data can provide valuable information for staffing projections and program development.

Group consensus was reached on the essential and recommended client demographic and SES data as well as the components of family planning clinical and counselling services. Standardized definitions were developed for each of the data items identified.

Forms were developed specifically for counselling services and for clinical services. The Client Counselling Record is used to record all data regarding the client and the services the client receives. This record is part of the client's file. The Client Clinical Record is similar to the Client Counselling Record but also contains areas to record clinical services. This record is also part of the client's file.

Two series of forms were developed to facilitate collation of data contained in the Client Counselling Record and the Client Clinical Record. The Essential Data Summary Form was developed to collate only the essential data regarding clients, clinical, and counselling and referral services required to complete the Family Planning Quarterly Summary. A separate series of forms were developed to collate all the essential and recommended data items contained in the client-based system, e.g. Client Data Summary, Counselling Services Data Summary and Clinical Services Data Summary.

Use of all the forms which support the client based component of the information system is optional.

Activity-Based System

An activity-based component was developed for the Information System to record the provision of services to people who are not clients. These services include consultation, education, resource sharing and telephone counselling, information and referral services.

The recipients of education, consultation, resource sharing and telephone counselling, information and referral services are called contacts. Services to contacts can be provided in person, over the telephone or in writing.

Consensus was reached on the essential and recommended data items that define the types of activities and contacts in each program area. In addition, a classification system for the time spent in these activities was developed. Standardized definitions were written for each data item identified.

A form was developed to record the data related to each area of service delivery e.g. Education Services Record, Consultation Services Record, Resource Sharing Record and Telephone Record. Use of all of these forms is optional in the Information System.

Administrative Information Component

It was recognized during the development of the information system that not all the administrative information required for program management would be included in the Information System. For example, no mechanisms was developed for budget monitoring. However, programs acknowledged the value of having some administrative information collected using standardized definitions and standardized forms.

As a result, only two major areas of administrative activity were included in the Information System, time allocated to program administration and liaison/ public relations/community awareness activities. Standardized definitions were developed for these selected data items. Optional forms were developed to facilitate the collection of this information, e.g. Program Administration Time Allocation Record and the Liaison/Public Relations/Community Awareness Record.

Flow of Data

The data base generated by the Information System is managed by each local family planning programs.

A family planning program may choose to use selected information from their data base for program management, as part of a justification section of a proposal for funding or as part of an Annual Report or other report as required by the Board or Directors.

At the end of each quarter aggregate totals of the selected data items are forwarded to Health Education and Promotion Services using the Family Planning Quarterly Summary Form.

This information is collated and included in the Report on the Annual Survey of Family Planning Programs in Alberta and other periodic reports as recommended by the Standing Committee and requested by the family planning program.

Use of the Family Planning Quarterly Summary form and quarterly submission of data is required by the Information System.

THE BENEFITS OF THE INFORMATION SYSTEM

The Information System as described will provide a reliable data base at the program level and on a smaller scale at the provincial level. Potential benefits at the local level and the provincial level are outlined in Figure 7.

Figure 7
THE BENEFITS OF THE INFORMATION SYSTEM

At the program level the Information System has the following benefits:

- Provides a data base for program planning.
- Provides a data base for program management.
- Provides data tabulated in a meaningful, consistent manner to facilitate timely reporting.
- Provides a consistent data base for trend analysis.
- Provides professionally developed forms.
- Provides mechanisms to simplify reporting to Health Education and Promotion Services.
- Provides a foundation for consultation regarding program management.
- Provides a foundation for consultation regarding program development.

At the provincial level the Information System has the following benefits:

- Provides a current data base from which to respond to questions about family planning service delivery in the province.
- Provides a foundation for consultation regarding program management.
- Provides a foundation for consultation regarding program development.

CLIENT COUNSELLING RECORDS

The Client Counselling Records were designed to record all pertinent information about the client and the services the client receives at a non clinical family planning program. They are to be considered part of the client's file and maintained in a confidential manner.

There are two types of client counselling forms, the Client Counselling Record (SSCH 1275) and the Client Counselling Continuation Record (SSCH 1419).

The front of the Client Counselling Record provides structured areas to record the client's demographic information, medical, menstrual and obstetric histories as well as the counselling services provided during the first visit of a new client. The back of this form provides structured areas to record the services provided in two subsequent visits.

The Client Counselling Continuation Record contains structured areas to record the counselling services provided during four subsequent visits.

A client's file should contain one Client Counselling Record form and may contain many Client Counselling Continuation Record forms.

The demographic information contained on the Client Counselling Record should be updated at least once annually, at the first visit in the calendar year.

Data from this form may be aggregated using the Clinical and Counselling Services Data Summary forms. Summaries of selected data items are recorded on the Family Planning Quarterly Summary.

Use of the Client Counselling Records are optional in the Information System.

Alberta

SOCIAL SERVICES
ND COMMUNITY HEALTH

FAMILY PLANNING
CLIENT COUNSELLING RECORD

Health Education & Promotion Services

Program Number: ☐☐

Client Number: ☐☐☐☐☐☐☐☐☐

REFERRAL SOURCE
- ☐ Parent
- ☐ Friend
- ☐ Physician
- ☐ Ed. Program
- ☐ Media
- ☐ Self
- ☐ Other ....

DOMICILE
- ☐ Urban
- ☐ Rural
- ☐ Out of Province
- ☐ Out of Service Area
  - ☐ Urban
  - ☐ Rural

MARITAL STATUS
- ☐ Married
- ☐ Never Married
- ☐ Other ....

OCCUPATION
- ☐ Student
- ☐ Homemaker
- ☐ Unemployed
- ☐ Professional Management
- ☐ Trades/Clerical
- ☐ Other ....

EDUCATION
- ☐ Less than H.S.
- ☐ High School
- ☐ More than H.S.

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

[illegible] PAYMENT

Free ☐ Partial Payment ☐ Full Payment

Purchased Outside

Fee for Service

☐ AHC Billed

Other HC Billed

Last Name:	First Name:	Date of First Visit	Y M D

Address:

Telephone Number (Home)	Telephone Number (Work)	Permission to Contact	Date of Birth	Age	Sex

Medical and Surgical History:

Family History:

Gravida	Para	Spon Ab.	T.Ab	Last Del.

Obstetric History:

Menses	Dysmenorrhea	Intermenstrual Bleeding	LMP
M			

☐ Pregnancy Test: ☐ Pos ☐ Neg

Contraceptive History and Counselling Notes:

A	B	C	D	1	2	3	4	5	6	7	8	9

CH 1275 (84/11)

Client Name: **Client Number:**

☐ Pregnancy Test: ☐ Pos ☐ Neg LMP:

SUPPORT PERSON

☐ Partner
☐ Parent
☐ Other
☐ None

COUNSELLING SERVICE PROVIDED

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other

REFERRALS

☐ Medical
☐ Social Services
☐ Other Family Planning Program

SUPPLIES PAYMENT

☐ Free ☐ Partial Payment ☐ Full Payment
☐ Purchased Outside
☐ Fee for Service
☐ AHC Billed
☐ Other HC Billed

Contraceptive History and Counselling Notes: Date:

A	B	C	D	1	2	3	4	5	6	7	8	9

☐ Pregnancy Test: ☐ Pos ☐ Neg LMP:

SUPPORT PERSON

☐ Partner
☐ Parent
☐ Other
☐ None

COUNSELLING SERVICE PROVIDED

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other

REFERRALS

☐ Medical
☐ Social Services
☐ Other Family Planning Program

SUPPLIES PAYMENT

☐ Free ☐ Partial Payment ☐ Full Payment
☐ Purchased Outside
☐ Fee for Service
☐ AHC Billed
☐ Other HC Billed

Contraceptive History and Counselling Notes: Date:

A	B	C	D	1	2	3	4	5	6	7	8	9

CONTINUATION OF THE FAMILY PLANNING CLIENT COUNSELLING RECORD

Client Name:	Client Number:

☐ Pregnancy Test: ☐ Pos ☐ Neg LMP: ....

☐ Partner
☐ Parent
☐ Other
☐ None

PERSON

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

PROVIDED

☐ Medical
☐ Social Services
☐ Other Family Planning Program

REFERRALS

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

☐ Fee for Service
☐ AHC Billed
☐ Other HC Billed

PAYMENT

Contraceptive History and Counselling Notes:

Date:

A B C D | 1 2 3 4 | 5 6 7 8 9

☐ Pregnancy Test: ☐ Pos ☐ Neg LMP: ....

☐ Partner
☐ Parent
☐ Other
☐ None

PERSON

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

PROVIDED

☐ Medical
☐ Social Services
☐ Other Family Planning Program

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

☐ Fee for Service
☐ AHC Billed
☐ Other HC Billed

Contraceptive History and Counselling Notes:

Date:

A B C D | 1 2 3 4 | 5 6 7 8 9

SS H 1419 (84/11)

Client Name:

Client Number: | | | | | | | | |

☐ Pregnancy Test: ☐ Pos ☐ Neg

LMP: ....

SUPPORT PERSON

☐ Partner
☐ Parent
☐ Other
☐ None

COUNSELLING SERVICES PROVIDED

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

REFERRALS

☐ Medical
☐ Social Services
☐ Other Family Planning Program

SUPPLIES PAYMENT

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

☐ Fee for Service

☐ AHC Billed

☐ Other HC Billed

Contraceptive History and Counselling Notes: Date:

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....
....

A	B	C	D	1	2	3	4	5	6	7	8	9

☐ Pregnancy Test: ☐ Pos ☐ Neg

LMP: ....

SUPPORT PERSON

☐ Partner
☐ Parent
☐ Other
☐ None

COUNSELLING SERVICES PROVIDED

☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

REFERRALS

☐ Medical
☐ Social Services
☐ Other Family Planning Program

SUPPLIES PAYMENT

☐ Free ☐ Partial Payment ☐ Full Payment

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Contraceptive History and Counselling Notes: Date:

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A	B	C	D	1	2	3	4	5	6	7	8	9

CLIENT COUNSELLING RECORD

R Program Number - The two-digit number assigned by Health Education and Promotion Services to each family planning program (see Appendix A). The third number indicating the program site is optional.

R Client Number The unique number assigned to the client by the family planning program for purposes of client identification and confidentiality.

- One easy system used by other family planning programs is to assign each woman a nine digit code.
    - The first three digits are comprised of the first two initials of the woman's first name and the first initial of her maiden name.
    - The remaining six digits are the client date of birth: day (2 digits), month (2 digits), and last two digits of the year of birth.

      Example: Sally Smith was born February 7, 1963. Her client number would be SAS070263. Twins may present a potential for duplication of client numbers, one possible solution is to use the middle initial of one twin as the second digit.

R Client Name - The surname (family name or last name) is recorded first, followed by the first name and middle name or initial. A married woman's birth given name can be recorded to assist in the identification of the client.

R Date of First Visit - The day, month and year of the client's first visit to the family planning program.

R Address - The full mailing address of the client's residence including postal code.

R Phone Number - The telephone number at which the client can be contacted.

R Permission to Contact Client - Information clearly stating whether or not the client can be contacted, giving all necessary details to be able to comply with the client's wishes.

R Date of Birth - The day, month and year of the client's birth.

E Age - The age of the client on the day that the information is being gathered.

E Sex - The gender of the client, either male or female.

E Source of Client Referral - The individual or other mechanism that influenced the client to seek family planning services.

- *Parent*
- *Friend or Word-of-Mouth* - to include family members other than parent.
- *Physician*
- *Educational Program* - to indicate all formalized education programs including community outreach education, school presentations, pre and post-natal classes, etc.
- *Media* - to include referrals as a result of free publicity or paid advertising.
- *Self* - to include clients who sought services independently, e.g. used the telephone book.
- *Other* - Community Agency or other health service.

E *Domicile* - The location of the client's residence.

E *Urban* - The client resides within the city limits of Edmonton, Calgary or Lethbridge.
E *Rural* - The client resides outside the city limits of Edmonton, Calgary or Lethbridge.
E *Out of Province* - The client resides outside of Alberta.
R Out of Service Area - The residence is outside the agency's jurisdictional boundaries. Programs wishing to use the Out of Service Area Classification should indicate if the client is from an urban or rural area and add to the totals above.

R Marital Status - The present legal marital status of the client.

- Married - The client is legally married.
- Never Married - The client is single and has never been married.
- Other - The client is separated, widowed, divorced, or living common-law.

R Occupation - The primary occupation of the client.

- Student - A person enrolled at an educational institution.
- Homemaker - A person who works primarily in the home.
- Unemployed - A person who does not currently have a paid job.
- Professional/Management - A person who is working in a position requiring a post-secondary degree or other specialized advanced training.
- Trades & Clerical - A person working in a job that requires specialized skills.
- Other - A person working in a job that does not require specialized skills.

R Education - Information indicating the highest level of education of the client.

- Less than High School - Client has not completed the full program of studies resulting in a diploma or equivalent.
- High School Completion - Client has completed the full program of studies resulting in a diploma or equivalent.

- More than High School - Client has continued her formal education beyond high school level.

E *Support Person Contact Type - A person accompanying the client during the counselling and/or education session and who are capable of using the information, e.g. do not include the children of the client.*

R - Partner - Sexual partner of the client.
R - Parent - Parent of the client.
R - Other

R Medical and Surgical History - A standard medical/surgical history may include inquiries about:

- cancer - eg. breast, cervix
- surgery/hospitalization
- liver problems - jaundice, hepatitis
- hypertension
- diabetes
- epilepsy
- heart trouble
- severe headaches/migraines
- thyroid disease
- gall bladder disease
- bladder/kidney infections
- vaginal infections
- STD/PID
- severe depression
- phlebitis
- varicose veins
- allergies
- current medications
- smoking - how many/how long

R Family History - A standard family history should include the medical histories of parents, grandparents and siblings, and may include inquiries about:

- hypertension
- heart disease
- stroke
- cancer - especially of the breast
- diabetes
- phlebitis

R Obstetrical History - A standard obstetrical history may include inquires about:

- Gravida - Number of pregnancies
- Para - Number of pregnancies carried beyond 20 weeks gestation, unless terminated therapeutically beyond 20 weeks
- Spontaneous Abortion - Number of pregnancies spontaneously ending within 20 weeks gestation

- Therapeutic Abortion - Number of pregnancies terminated as a result of intervention
- Number of Live Births
- Number of Children Surrendered for Adoption
- Date of Last Delivery
- Any Other Pertinent Obstetrical History

R Menstrual History - A standard menstrual history should record information regarding menstrual patterns when the client is not using Oral Contraceptive or an I.U.D., and may include inquiries about:

- Menarche
- Cycle - Time interval between first day of succeeding menstrual cycles.
- Duration - Average length of time of menstrual flow.
- Amount of Flow - Light, moderate, heavy.
- Dysmenorrhea - None, mild, moderate, severe.
- Intermenstrual Bleeding - Spotting or bleeding outside of regular menses.
- Date of the first day of the last normal menstrual period

R Contraceptive History - Record all methods of contraception which the client or client's partner used in the past including the contraceptive method at contact. Record the reason(s) for discontinuation for each contraceptive method no longer being used.

- Oral Contraceptives
- I.U.D.
- Diaphragm and Spermicide
- Cervical Cap and Spermicide
- Condom and Spermicide
- Condom - only
- Spermicide - only
- Fertility Awareness Only
- Fertility Awareness and Spermicide and/or Barrier Method(s)
- Sterilization
- Withdrawal
- Calendar Rhythm
- Ineffective Methods - douche, breastfeeding, astrological or other ineffective method.
- None - Sexual intercourse with no attempt to contracept.
- Abstinence - Refraining from sexual intercourse.

E Pregnancy Test - Any diagnostic test performed to determine pregnancy.

R Pregnancy Test Results - Positive: The number of pregnancy test results that indicate the woman is pregnant. Negative: The number of pregnancy tests that do not indicate the woman is pregnant. The sum of the positive and negative results should equal the total number of tests performed.

When a result cannot be definitely be called "positive", it shall be called "negative" for the purpose of counting it.

*E Decision Making Counselling Provided - Values clarification regarding sexual activity and the options to intercourse, ie abstinence, are discussed.

*E Birth Planning Counselling Provided - Decision-making regarding whether or not to have children, how many children to have, and when to have the desired children is discussed.

*E Contraceptive Counselling Provided - Temporary or permanent contraceptive method(s) are discussed. When Client is Under 18 years old, the counsellor may wish to include a mention of previous sexual activity, previous use of birth control, parent's awareness of the clinic visit and whether all methods have been considered.

*E Subfertility Counselling Provided - Discussion is regarding the client or client's partner's inability to conceive.

*E Fertility Awareness Counselling (Non-Contraceptive) Provided - The menstrual cycle, mucus changes, etc. for reasons other than contraception are discussed.

*E Post-Abortion Counselling Provided - Discussion is regarding post-abortion medical, psychological or contraceptive issues.

*E Sexuality Counselling Provided - Discussion is regarding sexual concerns or dysfunctions.

*E S.T.D. Counselling Provided - Discussion is regarding any form of sexually transmitted disease, infection, infestation or yeast infection or its complications, e.g. P.I.D.

*E Other Counselling Provided Counselling for reasons other than those used above.

*E Referral(s) Suggested or Arranged - Record the details of referrals arranged for the client during the counselling session including name, time, date and location. Tabulate referrals in the following categories:

- Medical - Referral to physicians, laboratory, public health clinic, etc.
- Social Services - Referral to a service designated to help a client with a mental or personal non-medical concern, eg. mental health counselling, social assistance, family counselling, adoption.
- Other Family Planning Program

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* Record all services provided.

E *Supplies* - *A record of the financial arrangements made with the client regarding the acquisition of contraceptive supplies.*

- *Free* - *The program provides contraceptive supplies to the client without charge.*
- *Partial Payment* - *The client pays the family planning program partial payment for supplies.*
- *Full Payment* - *The client pays the family planning program full payment for supplies.*
- *Purchased Outside* - *The client purchases contraceptive supplies outside of the family planning program.*

E *Payment* - *The method of compensation for services. The information shall be recorded in the following categories: Fee for Services, Alberta Health Care billed, Other Health Care Insurance Plan billed.*

E *Fee for Service* - *The client pays money for a service received from a family planning program, e.g. pregnancy test.*

E *AHC, Alberta Health Care, Billed* - *A record of the number of times Alberta Health Care Insurance is used at the family planning program facility.*

E *Other HC, Health Care Insurance Plan, Billed* - *A record of the number of times a health care plan, other than Alberta Health Care, is used at the family planning program facility.*

CLIENT CLINICAL RECORDS

The Client Counselling Records were designed to record all pertinent information about the client and the services the client receives at a family planning clinic. They are to be considered part of the client's file and maintained in a confidential manner.

There are two types of client clinical forms, the Client Clinical Record (SSCH 1274) and the Client Clinical Continuation Record (SSCH 1418).

The front of the Client Clinical Record provides structured areas to record the client's demographic information, medical, menstrual and obstetric histories as well as the counselling and clinical services provided during the first visit of a new client. The back of this form provides structured areas to record the services provided in two subsequent visits.

The Client Clinical Continuation Record contains structured areas to record the counselling and clinical services provided during four subsequent visits.

A family planning clinic client's file should contain one Client Clinical Record form and may contain many Client Clinical Continuation Record forms.

The demographic information contained on the Client Clinical Record should be updated at least once annually, during the first visit of the calendar year.

Data items from this form may be aggregated using the Clinical and Counselling Services Data Summary forms. Summaries of selected data items are recorded on the Family Planning Quarterly Summary.

Use of the Client Counselling Records are optional in the Information System.

Alberta
SOCIAL SERVICES
ND COMMUNITY HEALTH

FAMILY PLANNING CLIENT CLINICAL RECORD

Health Education & Promotion Services

Program Number:

Client Number:

REFERRAL SOURCE
- ☐ Parent
- ☐ Friend
- ☐ Physician
- ☐ Ed. Program
- ☐ Media
- ☐ Self
- ☐ Other ....

Last Name:
First Name:
Date of First Visit Y M D
Address:

Telephone Number (Home)	Telephone Number (Work)	Permission to Contact	Date of Birth	Age	Sex

DOMICILE
- ☐ Urban
- ☐ Rural
- ☐ Out of Province
- ☐ Out of Service Area
  - ☐ Urban
  - ☐ Rural

Medical and Surgical History:

Family History:

MARITAL STATUS
- ☐ Married
- ☐ Never Married
- ☐ Other ....

Gravida	Para	Spon Ab.	T.Ab	Last Del.

Obstetric History:

OCCUPATION
- ☐ Student
- ☐ Homemaker
- ☐ Unemployed
- ☐ Professional Management
- ☐ Trades/Clerical
- ☐ Other ....

Menses
Dysmenorrhea
Intermenstrual Bleeding
LMP
M

Remarks:

EDUCATION
- ☐ Less than H.S.
- ☐ High School
- ☐ More than H.S.

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

Wt:
Ht:

ROUTINE SCREENING
- ☐ BP
- ☐ Urinalysis
- ☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

☐ Rubella Titre
Result:

- ☐ Spermicide
- ☐ Condoms
- ☐ Fertility Awareness

☐ Rubella Immunization

☐ PAP Result:
☐STD Screening: Result:
- ☐ Herpes
- ☐ Chlamydia
- ☐ Other
- ☐ Syphilis VDRL

CONTRACEPTIVE SERVICES PROVIDED
- ☐ OC Initiation
- ☐ Post-Coital OC
- ☐ OC Continuation
- ☐ IUD Insertion
- ☐ Post-Coital IUD Insertion
- ☐ IUD Check
- ☐ IUD Removal
- ☐ Diaphragm Fit
- ☐ Diaphragm Check
- ☐ Cap Fit
- ☐ Cap Check

SUPPLIES
☐ Free ☐ Partial Payment ☐ Full Payment
☐ Purchased Outside

☐ STD Rx
Rx:
☐ Other Rx

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

PAYMENT
- ☐ Fee for Services
- ☐ AHC Billed
- ☐ Other HC Billed

SSCH 1274 (84/10)

Client Name: | Client Number:

SUPPORT PERSON
☐ Partner
☐ Parent
☐ Other
☐ None

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

Wt: Ht:

ROUTINE SCREENING
☐ BP
☐ Urinalysis
☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

COUNSELLING SERVICES PROVIDED
☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

☐ Rubella Titre
Result:

☐ Spermicide
☐ Condoms
☐ Fertility Awareness

☐ Rubella Immunization

☐ PAP Result:

☐STD Screening: Result:
☐ Herpes
☐ Chlamydia
☐ Other
☐ Syphilis VDRL

CONTRACEPTIVE SERVICES PROVIDED
☐ OC Initiation
☐ Post-Coital OC
☐ OC Continuation
☐ IUD Insertion
☐ Post-Coital IUD Insertion
☐ IUD Check
☐ IUD Removal
☐ Diaphragm Fit
☐ Diaphragm Check
☐ Cap Fit
☐ Cap Check

SUPPLIES
☐ Free ☐ Partial Payment ☐ Full Payment
☐ Purchased Outside

☐ STD Rx Rx:
☐ Other Rx

REFERRALS
☐ Medical
☐ Social Services
☐ Other Family Planning Program

PAYMENT
☐ Fee for Services
☐ AHC Billed
☐ Other HC Billed

SUPPORT PERSON
☐ Partner
☐ Parent
☐ Other
☐ None

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

Wt: Ht:

ROUTINE SCREENING
☐ BP
☐ Urinalysis
☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

COUNSELLING SERVICES PROVIDED
☐ Decision Making
☐ Birth Planning
☐ Contraceptive
☐ Subfertility
☐ FA (Non-Contraceptive)
☐ Post Abortion
☐ Sexuality
☐ STD
☐ Pregnancy
☐ Other
....

☐ Rubella Titre
Result:

☐ Spermicide
☐ Condoms
☐ Fertility Awareness

☐ Rubella Immunization

☐ PAP Result:

☐STD Screening: Result:
☐ Herpes
☐ Chlamydia
☐ Other
☐ Syphilis VDRL

CONTRACEPTIVE SERVICES PROVIDED
☐ OC Initiation
☐ Post-Coital OC
☐ OC Continuation
☐ IUD Insertion
☐ Post-Coital IUD Insertion
☐ IUD Check
☐ IUD Removal
☐ Diaphragm Fit
☐ Diaphragm Check
☐ Cap Fit
☐ Cap Check

SUPPLIES
☐ Free ☐ Partial Payment ☐ Full Payment
☐ Purchased Outside

☐ STD Rx Rx:
☐ Other Rx

REFERRALS
☐ Medical
☐ Social Services
☐ Other Family Planning Program

PAYMENT
☐ Fee for Services
☐ AHC Billed
☐ Other HC Billed

CONTINUATION OF THE FAMILY PLANNING CLIENT CLINICAL RECORD

Client Name:

Client Number:

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

- ☐ Spermicide
- ☐ Condoms
- ☐ Fertility Awareness

CONTRACEPTIVE SERVICES PROVIDED
- ☐ OC Initiation
- ☐ Post-Coital OC
- ☐ OC Continuation
- ☐ IUD Insertion
- ☐ Post-Coital IUD Insertion
- ☐ IUD Check
- ☐ IUD Removal
- ☐ Diaphragm Fit
- ☐ Diaphragm Check
- ☐ Cap Fit
- ☐ Cap Check

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

☐ PAP Result:

☐STD Screening: Result:
- ☐ Herpes
- ☐ Chlamydia
- ☐ Other ____________
- ☐ Syphilis VDRL

☐ STD Rx Rx:

☐ Other Rx

Wt: Ht:

ROUTINE SCREENING
- ☐ BP
- ☐ Urinalysis
- ☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

☐ Rubella Titre

Result:

☐ Rubella Immunization

SUPPLIES

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

PAYMENT
- ☐ Fee for Services
- ☐ AHC Billed
- ☐ Other HC Billed

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

- ☐ Spermicide
- ☐ Condoms
- ☐ Fertility Awareness

CONTRACEPTIVE SERVICES PROVIDED
- ☐ OC Initiation
- ☐ Post-Coital OC
- ☐ OC Continuation
- ☐ IUD Insertion
- ☐ Post-Coital IUD Insertion
- ☐ IUD Check
- ☐ IUD Removal
- ☐ Diaphragm Fit
- ☐ Diaphragm Check
- ☐ Cap Fit
- ☐ Cap Check

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

☐ PAP Result:

☐STD Screening: Result:
- ☐ Herpes
- ☐ Chlamydia
- ☐ Other ____________
- ☐ Syphilis VDRL

☐ STD Rx Rx:

☐ Other Rx

Wt: Ht:

ROUTINE SCREENING
- ☐ BP
- ☐ Urinalysis
- ☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

☐ Rubella Titre

Result:

☐ Rubella Immunization

SUPPLIES

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

PAYMENT
- ☐ Fee for Services
- ☐ AHC Billed
- ☐ Other HC Billed

SSCH 1418 (84/10)

Client Name:

Client Number:

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

Wt: Ht:

ROUTINE SCREENING
- ☐ BP
- ☐ Urinalysis
- ☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

☐ Rubella Titre

Result:

- ☐ Spermicide
- ☐ Condoms
- ☐ Fertility Awareness

☐ Rubella Immunization

☐ PAP Result:

☐STD Screening: Result:
- ☐ Herpes
- ☐ Chlamydia
- ☐ Other
- ☐ Syphilis VDRL

CONTRACEPTIVE SERVICES PROVIDED
- ☐ OC Initiation
- ☐ Post-Coital OC
- ☐ OC Continuation
- ☐ IUD Insertion
- ☐ Post-Coital IUD Insertion
- ☐ IUD Check
- ☐ IUD Removal
- ☐ Diaphragm Fit
- ☐ Diaphragm Check
- ☐ Cap Fit
- ☐ Cap Check

SUPPLIES

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

☐ STD Rx Rx:

☐ Other Rx

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

PAYMENT
- ☐ Fee for Services
- ☐ AHC Billed
- ☐ Other HC Billed

SUPPORT PERSON
- ☐ Partner
- ☐ Parent
- ☐ Other
- ☐ None

☐ Pelvic Exam ☐ Breast Exam ☐ BSE Taught

Wt: Ht:

ROUTINE SCREENING
- ☐ BP
- ☐ Urinalysis
- ☐ Hemaglobin

☐ Pregnancy Test: ☐ Pos ☐ Neg

COUNSELLING SERVICES PROVIDED
- ☐ Decision Making
- ☐ Birth Planning
- ☐ Contraceptive
- ☐ Subfertility
- ☐ FA (Non-Contraceptive)
- ☐ Post Abortion
- ☐ Sexuality
- ☐ STD
- ☐ Pregnancy
- ☐ Other ....

☐ Rubella Titre

Result:

- ☐ Spermicide
- ☐ Condoms
- ☐ Fertility Awareness

☐ Rubella Immunization

☐ PAP Result:

☐STD Screening: Result:
- ☐ Herpes
- ☐ Chlamydia
- ☐ Other
- ☐ Syphilis VDRL

CONTRACEPTIVE SERVICES PROVIDED
- ☐ OC Initiation
- ☐ Post-Coital OC
- ☐ OC Continuation
- ☐ IUD Insertion
- ☐ Post-Coital IUD Insertion
- ☐ IUD Check
- ☐ IUD Removal
- ☐ Diaphragm Fit
- ☐ Diaphragm Check
- ☐ Cap Fit
- ☐ Cap Check

SUPPLIES

☐ Free ☐ Partial Payment ☐ Full Payment

☐ Purchased Outside

☐ STD Rx Rx:

☐ Other Rx

REFERRALS
- ☐ Medical
- ☐ Social Services
- ☐ Other Family Planning Program

PAYMENT
- ☐ Fee for Services
- ☐ AHC Billed
- ☐ Other HC Billed

CLIENT CLINICAL RECORD

R Program Number - Three digit number assigned by Health Education and Promotion Services to each family planning program (see Appendix A). The third number indicating program site is optional.

R Client Number - The unique number assigned to the client by the family planning program for purposes of client identification and confidentiality.

- One easy system used by other family planning programs is to assign each woman a nine digit code.
  - The first three digits are comprised of the first two initials of the woman's first name and the first initial of her maiden last name.
  - The remaining six digits are the client date of birth: day (2 digits), month (2 digits), and last two digits of the year of birth.

    Example: Sally Smith was born February 7, 1963. Her client number would be SAS070263. Twins may present a potential for duplication of client numbers, one possible solution is to use the middle initial of one twin as the second digit.

R Client Name - The surname (family name or last name) is recorded first, followed by the first name and middle name or initial. A married woman's birth given name can be recorded to assist in the identification of the client.

R Date of First Visit - The day, month and year of the client's first visit to the family planning program.

R Address - The full mailing address of the client's residence including postal code.

R Phone Number - The telephone number at which the client can be contacted.

R Permission to contact client - Information clearly stating whether or not the client can be contacted, giving all necessary details to be able to comply with the client's wishes.

R Date of Birth - The day, month and year of the client's birth.

E Age - The age of the client on the day that the information is being gathered.

E Sex - The gender of the client, either male or female.

E Source of Client Referral - The individual or other mechanism that influenced the client to seek family planning services.

- Parent
- Friend or Word-of-Mouth - to include family members other than parent.
- Physician
- Educational Program - to indicate all formalized education programs including community outreach education, school presentations, pre and post-natal classes, etc.
- Media - to include referrals as a result of free publicity or paid advertising.
- Self - to include clients who sought services independently, e.g. used the telephone book.
- Other - Community Agency or other health service.

E Domicile - The location of the client's residence.

E Urban - The client resides within the city limits of Edmonton, Calgary or Lethbridge.
E Rural - The client resides outside the city limits of Edmonton, Calgary or Lethbridge.
E Out of Province - The client resides outside of Alberta.
R Out of Service Area - The residence is outside the agency's jurisdictional boundaries. Programs wishing to use the Out of Service Area Classification should indicate if the client is from an urban or rural area and add to the totals above.

R Marital Status - The present legal marital status of the client.

- Married - The client is legally married.
- Never Married - The client is single and has never been married.
- Other - The client is separated, widowed, divorced, or living common-law.

R Occupation - The primary occupation of the client.

- Student - A person enrolled at an educational institution.
- Homemaker - A person who works primarily in the home.
- Unemployed - A person who does not currently have a paid job.
- Professional/Management - A person who is working in a position requiring a post-secondary degree or other specialized advanced training.
- Trades & Clerical - A person working in a job that requires specialized skills.
- Other - A person working in a job that does not require specialized skills.

R Education - Information indicating the highest level of education of the client.

- Less than High School - Client has not completed the full program of studies resulting in a diploma or equivalent.
- High School Completion - Client has completed the full program of studies resulting in a diploma or equivalent.

- **More than High School** - Client has continued her formal education beyond high school level.

E *Support Person Contact Type - A person accompanying the client during the counselling and/or education session and who are capable of using the information, e.g. do not include the children of the client.*

R - Partner - Sexual partner of the client.
R - Parent - Parent of the client.
R - Other

R Medical and Surgical History - A standard medical/surgical history may include inquiries about:

- cancer - eg. breast, cervix
- surgery/hospitalization
- liver problems - jaundice, hepatitis
- hypertension
- diabetes
- epilepsy
- heart trouble
- severe headaches/migraines
- thyroid disease
- gall bladder disease
- bladder/kidney infections
- vaginal infections
- STD/PID
- severe depression
- phlebitis
- varicose veins
- allergies
- current medications
- smoking - how many/how long

R Family History - A standard family history should include the medical histories of parents, grandparents and siblings, and may include inquiries about:

- hypertension
- heart disease
- stroke
- cancer - especially of the breast
- diabetes
- phlebitis

R Obstetrical History - A standard obstetrical history may include inquires about:

- Gravida - Number of pregnancies
- Para - Number of pregnancies carried beyond 20 weeks gestation, unless terminated therapeutically beyond 20 weeks
- Spontaneous Abortion - Number of pregnancies spontaneously ending within 20 weeks gestation

- Therapeutic Abortion - Number of pregnancies terminated as a result of intervention
- Number of Live Births
- Number of Children Surrendered for Adoption
- Date of Last Delivery
- Any Other Pertinent Obstetrical History

R Menstrual History - A standard menstrual history should record information regarding menstrual patterns when the client is not using Oral Contraceptive or an I.U.D., and may include inquiries about:

- Menarche
- Cycle - Time interval between first day of succeeding menstrual cycles.
- Duration - Average length of time of menstrual flow.
- Amount of Flow - Light, moderate, heavy.
- Dysmenorrhea - None, mild, moderate, severe.
- Intermenstrual Bleeding - Spotting or bleeding outside of regular menses.
- Date of the first day of the last normal menstrual period

R Contraceptive History - Record all methods of contraception which the client or client's partner used in the past including the contraceptive method at contact. Record the reason(s) for discontinuation for each contraceptive method no longer being used.

- Oral Contraceptives
- I.U.D.
- Diaphragm and Spermicide
- Cervical Cap and Spermicide
- Condom and Spermicide
- Condom - only
- Spermicide - only
- Fertility Awareness Only
- Fertility Awareness and Spermicide and/or Barrier Method(s)
- Sterilization
- Withdrawal
- Calendar Rhythm
- Ineffective Methods - douche, breastfeeding, astrological or other ineffective method.
- None - Sexual intercourse with no attempt to contracept.
- Abstinence - Refraining from sexual intercourse.

*E *Decision Making Counselling Provided - Values clarification regarding sexual activity and options to intercourse, i.e. abstinence, are discussed.*

*E *Birth Planning Counselling Provided - Decision-making regarding whether or not have children, how many children to have, and when to have the desired children is discussed.*

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* *Record all services provided.*

*E Contraceptive Counselling Provided - Temporary or permanent contraceptive method(s) are discussed. When Client is Under 18 years old, the counsellor may wish to include a mention of previous sexual activity, previous use of birth control, parent's awareness of the clinic visit and whether all methods have been considered.

*E Subfertility Counselling Provided - Discussion is regarding the client or client's partner's inability to conceive.

*E Fertility Awareness Counselling (Non-Contraceptive) Provided - The menstrual cycle, mucus changes, etc. for reasons other than contraception are discussed.

*E Post-Abortion Counselling Provided - Discussion is regarding post-abortion medical, psychological or contraceptive issues.

*E Sexuality Counselling Provided - Discussion is regarding sexual concerns or dysfunctions.

*E S.T.D. Counselling Provided - Discussion is regarding any form of sexually transmitted disease, infection, infestation or yeast infection or its complications, e.g. P.I.D.

*E Other Counselling Provided Counselling for reasons other than those used above.

E Pelvic Examination - The speculum examination of the vagina and bimanual examination of internal pelvic organs for any reason, eg. pregnancy confirmation, post-abortion follow up or gynecological pathology.

E Breast Exam - Inspection and palpation of the breast and axillary glands.

E Teach Breast Self-Exam - The teaching to the client of the methods for self-inspection and palpation of the breast and axillary glands.

R Height - The routine measurement of a client's height in centimetres.

R Weight - The routine measurement of a client's weight in kilograms.

E Pregnancy Test - Any diagnostic test performed to determine pregnancy.

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* Record all services provided.

R Pregnancy Test Results - Positive: The number of pregnancy test results that indicate that the woman is pregnant. Negative: The number of pregnancy test results that do not indicate that the woman is pregnant.

The sum of positive and negative results should equal the total number of tests performed.

When a result cannot definitely be called "positive", it shall be called "negative" for the purpose of counting it.

E Rubella Titre - Blood drawn to determine the status of client's rubella immunity.

E Rubella Immunization - The injection of vaccine to produce immunity to rubella.

E Pap Smear - The procedure of doing Papanicolaou's test for cervical cancer.

R Repeat Pap Smear - The procedure of doing Papanicolaou's test for cervical cancer, when there has previously been an abnormal result requiring a follow-up test at a specific interval. N.B. To be included in the number of pap smears above.

E Routine Screening - The total number of screening procedures to assess blood pressure, urinalysis and hemoglobin values. The number of screening procedures for each are now to be considered Recommended data items.

R Blood Pressure - The routine measurement of a client's blood pressure in mm of mercury.

R Urinalysis - Any test done on the client's urine sample other than for pregnancy (e.g. protein, glucose).

R Hemaglobin - A test done on the client's blood sample to measure hemoglobin.

E STD Screening - The total number of procedures to screen for sexually transmitted diseases including chlamydia, herpes simplex II, gonorrhea, yeast, trichomonas, bacteria and syphillis. The number of screening procedures for each of the above are considered recommended data.

R a. Total number of swabs for chlamydia
  - Number of positive results
  - Number of negative results

R b. Total number of swabs for herpes II
  - Number of positive results
  - Number of negative results

R c. Total number of swabs for other STDs
- gonorrhea
- yeast (candida albicans, group C)
- trichomonas
- bacteria (staph, strep, gardnerella)
- Number of positive results
- Number of negative results

R d. Total number of V.D.R.L.s
- Number of positive results
- Number of negative results

E *Contraceptive Service Provided - The provision of any device, medication, or practice which is accepted by the medical profession as a method for preventing pregnancy. This shall include the follow-up visits necessary to ensure the correct and healthy use of these methods. Record all services provided.*

R Oral Contraception Initiation - The provision of a prescription for oral contraceptives to a client who is not currently using them.

R Post-Coital Oral Contraception - The provision of a prescription for a medically approved "post-coital emergency treatment".

R Oral Contraception Continuation - The provision of a prescription for oral contraceptives to a client who is currently using them.

R IUD Insertion - The insertion of an Intrauterine Device.

R Post-Coital IUD Insertion - The insertion of an Intrauterine Device for medically approved "post-coital emergency treatment".

R IUD Check - A pelvic examination to determine the status of a previously inserted IUD.

R IUD Removal - The removal of an Intrauterine Device.

R Diaphragm Fitting - A procedure to determine the correct fitting of a diaphragm and to initially ensure the client's correct use of her diaphragm.

R Diaphragm Check - A procedure to determine whether a client's diaphragm fits correctly and is being correctly used.

R Cervical Cap Fitting - A procedure to determine the correct fitting of a cervical cap and to initially ensure the client's correct use of her cap.

R Cervical Cap Check - A procedure to determine whether a client's cap fits correctly and is being correctly used.

The following are three contraceptive services which do not require clinical services. Clinical programs may choose to record this data to provide a profile of contraceptive services provided, however, they should not be counted as clinical services.

R Spermicide - Instruction on the correct use of a spermicide other than when used with a diaphragm or cap.

R Condoms - Instruction on the correct use of a condom.

R Fertility Awareness - The provision of fertility awareness instruction and follow-up.

E *STD Prescription - The issuing of a prescription for treatment of sexually transmitted disease, infection, infestation or yeast infection.*

E *Other Prescription Provided - The issuing of a prescription for other than S.T.D. or contraceptive reasons.*

E *Referral(s) Suggested or Arranged - Record the details of referrals arranged for the client during the counselling session including name, time, date and location. Tabulate referrals in the following categories:*

- *Medical - Referral to physician, laboratory, public health clinic etc.*
- *Social Services - Referral to a service designed to help a client with a mental or non-medical concern, e.g. mental health counselling, social assistance, family counselling, adoption.*
- *Other Family Planning Program*

E *Supplies - A record of the financial arrangements made with the client regarding the acquisition of contraceptive supplies or other prescriptions.*

- *Free - The program provides contraceptive supplies to the client without charge.*
- *Partial - The client pays the clinic partial payment for supplies.*
- *Full Payment - The client pays the clinic full payment for supplies.*
- *Purchased Outside - The client purchases contraceptive supplies outside of the family planning clinic.*

E *Payment - The method of compensation for services. The information shall be recorded in the following categories: Fee for Service, Alberta Health Care Billed, and Other Health Care Insurance Plan Billed.*

E *Fee for Service - The client pays money for a service received from a family planning program, e.g. pregnancy test.*

E *AHC, Alberta Health Care, Billed* - *A record of the number of times Alberta Health Care Insurance coverage is used at the family planning program facility.*

E *Other HC, Health Care Insurance Plan, Billed* - *A record of the number of time a health care plan, other than Alberta Health Care, is used at the family planning program facility.*

CLINICAL AND COUNSELLING SERVICES DATA SUMMARIES

The Clinical and Counselling Services Data Summary forms were designed as a tool to facilitate the aggregation of data from the Client Clinical Records and the Client Counselling Records.

Two series of Clinical and Counselling services data forms have been developed.

The Clinical and Counselling Services Essential Data Summary Form (SSCH 1426) was designed to facilitate the collation of essential data items.

In addition, a series of three forms have been developed to assist in the collation of all data items, Essential and Recommended. These forms are the Client Data Summary (SSCH 1290), the Counselling Services Data Summary (SSCH 1538), and the Clinical Services Data Summary (SSCH 1289).

Use of the Clinical and Counselling Services Data Summary forms are optional in the Information System .

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
CLINICAL & COUNSELLING SERVICES
ESSENTIAL DATA SUMMARY

HEALTH EDUCATION & PROMOTION SERVICES

☐ Male ☐ Female

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	Total	
No. of Visits	New Client, First Visit																																1
	Previous Client, First Visit																																2
	Return Visit																																3
No. of Clients	19 Years and Under																																4
	20 - 24 Years																																5
	25 - 29 Years																																6
	30 - 34 Years																																7
	35 - 39 Years																																8
	40 - 44 Years																																9
	45 + Years																																10
Referral Source	Parent																																11
	Friend																																12
	Physician																																13
	Education Program																																14
	Media																																15
	Self																																16
	Other																																17
Domicile	Urban																																18
	Rural																																19
	Out of Province																																20
	Support Person																																21
Counselling Services	Decision Making																																22
	Birth Planning																																23
	Contraceptive																																24
	Subfertility																																25
	FA (non-contraceptive)																																26
	Post Abortion																																27
	Sexuality																																28
	STD																																29
	Pregnancy																																30
	Other																																31
Clinical Services	Pregnancy Testing																																32
	Contraceptive																																33
	Pelvic Exam																																34
	Breast Exam																																35
	BSE Taught																																36
	Routine Screening																																37
	Total Pap Tests																																38
	STD Screening																																39
	Rubella Titre																																40
	Rubella Immunization																																41
	STD Rx																																42
	Other Rx																																43
Referrals	Medical																																44
	Social Services																																45
	Other F P Program																																46
Supplies / Payment	Free																																47
	Partial Payment																																48
	Full Payment																																49
	Purchased Outside																																50
	Fee For Service																																51
	AHC Billed																																52
	Other HC Billed																																53
	Time																																54
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		

ESSENTIAL DATA SUMMARY

E *New Client* - *A client who is new to your family planning program this calendar year.*

At the first visit of the new client record the Source of Referral for the client. Also record the following demographic information on the summary form:

- *Age*
- *Sex*
- *Domicile*

At returning visits during the same calendar year as the first visit record the visit as Returning Client.

E *Previous Client - A client who was a new client in a previous calendar year.*

At the first visit in the calendar year record the following demographic information on the summary form:

- *Age*
- *Sex*
- *Domicile*

At returning visits during the same calendar year, record the visit as a Returning Client.

E *Support Person - Taken from the Client Clinical or Counselling Record.*

E *Counselling Services Provided - Taken from the Client Clinical or Counselling Period. N.B. More than one counselling service may be provided during a visit.*

E *Clinical Services Provided - Taken from the Client Clinical Record. N.B. More than one clinical service may be provided during a visit.*

E *Referrals - Taken from the Client Clinical or Counselling Record.*

E *Supplies/Payment - Taken from the Client Clinical or Counselling Record.*

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
CLIENT DATA SUMMARY

Health Education & Promotion Services

☐ MALE ☐ FEMALE

Month:

Page of

	Service Site			New Client									Prev. Client		RECORD DATA FOR FIRST VISIT THIS CALENDAR YEAR ONLY																																															Support Person				
				First Visit Only Source of Referral											MARITAL STATUS OF MALE/FEMALE CLIENTS																																				Domicile									Occupation						Education							
														14 and Under			15			16			17			18			19			20-24			25-29			30-34			35-39			40-44			45 +						Out of Area																			
	Office	Clinic	Other	Parent	Friend	Physician	Ed. Program	Media	Self	Other	First Visit	Return Visit	First Visit	Return Visit	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	M	S	O	Urban	Rural	Out of Province	Urban	Rural					Student	Homemaker	Unemployed	Prof /Mgmt	Trades/Clerical	Other	Less than HS	High School	More than HS	Partner	Parent	Other	None	
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CLIENT DATA SUMMARY

R Service Site - The location where the service takes place. To be *recorded at each visit.*

- Office - One contact with one client face-to-face in the program's office.
- Clinic - One contact with one client face-to-face in the program's clinic.
- Other - One contact with one client face-to-face at a location other than the program's office or clinic, i.e. client's home, hospital.

E *New Client - A client who is new to your family planning program this calendar year.*

At the first visit of the new client record the Source of Referral for the client. Also record the following demographic information on the summary form:

- Age
- Sex
- Marital Status (R)
- Domicile
- Education (R)
- Occupation (R)

At returning visits during the same calendar year as the first visit record the visit as New Client - Returning.

E *Previous Client - A client who was a new client in a previous calendar year.*

At the first visit in the calendar year record the following demographic information on the summary form:

- Age
- Sex
- Marital Status (R)
- Domicile
- Education (R)
- Occupation (R)

At returning visits during the same calendar year, record with the visit as Previous Client - Returning.

E *Age and Marital Status Clients - Taken from the Client Clinical or Counselling Record at the client's first visit in the calendar year only. N.B. Marital Status is a recommended data item.*

R "M" represents Married
R "S" represents Never married/single
R "O" represents Other

N.B. Separate forms are required to record data regarding male and female clients.

E *Domicile - Taken from the Client Clinical or Counselling Record at the first visit in the calendar year. Space has been provided for programs wishing to tabulate the information by sub-areas within their service area (optional).*

R Education - taken from the Client Clinical or Counselling Record at the first visit in the calendar year.

R Occupation - taken from the Client Clinical or Counselling Record at the first visit in the calendar year.

E *Support Person - taken from the Client Clinical or Counselling Record at each visit.*

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
COUNSELLING SERVICES DATA SUMMARY

HEALTH EDUCATION & PROMOTION SERVICES

	Counselling Services													Referrals			Supplies / Payment									
	Decision Making	Birth Planning	Contraceptive	Subfertility	FA (non-contra)	Post Abortion	Sexuality	STD	Pregnancy		Pregnancy Test	Positive Test	Negative Test	Medical	Social Services	Other F.P.P.	Free	Partial Payment	Full Payment	Purchased Outside	Fee for Service	AHC Billed	Other HC Billed	Donation	Number of Hours Counselling	
1																										1
2																										2
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SSCH 1538 (84/11)

COUNSELLING SERVICES DATA SUMMARY

E *Counselling Services Provided - Taken from the Client Counselling or Clinical Record at each visit. N.B. More than one type of counselling service may be provided during a visit.*

E *Pregnancy Test - Taken from the Client Counselling Record at each visit. N.B. The results of pregnancy tests are not Essential information. Space has been allocated on the Clinical Services Data Summary for recording Pregnancy Test Information.*

E *Referrals Made - Taken from the Client Counselling or Clinical Record at each visit.*

E *Supplies/Payment - Taken from the Client Counselling or Clinical Record at each visit.*

R Donation - Record if the client has given a donation to your family planning program at each visit.

E *Number of Hours in Counselling Activities - The total number of hours spent providing and documenting counselling services, rounded to the nearest quarter hour.*

N.B. Detailed information regarding Pregnancy Counselling Services is not Essential information in the Information System. However, a recommended classification system has been developed and is described below. An alpha-numeric coding system has been developed. Programs may want to use the code to document the outcome of pregnancy counselling on the patient's chart.

R A. Continuation - Keep - The decision is made by the client to continue the pregnancy and raise the child.

Reason for Conception

1. No contraceptive method was used.
2. An ineffective method (as defined by the Information System) was used.
3. User Failure - Conception occurred due to incorrect or inconsistent use of a contraceptive method.
4. Contraceptive Method Failure - Conception occurred despite correct and consistent use of a contraceptive method.

Reason for Continuing Pregnancy

5. Pregnancy desired - pregnancy was planned.
6. Pregnancy not initially desired but therapeutic abortion or adoption are not acceptable alternatives to the client.

7. Client would have chosen a therapeutic abortion but continued the pregnancy because medically or psychologically to the woman, the pregnancy was too far advanced to terminate.

8. Client would have chosen a therapeutic abortion but continued the pregnancy due to lack of access to medical services.

9. Client was denied a therapeutic abortion by a therapeutic abortion committee.

R B. Continuation - Surrender - The decision is made by the client to continue the pregnancy and surrender the child for adoption.

Reason for Conception

1. No contraceptive method was used.

2. An ineffective method (as defined by the Information System) was used.

3. User Failure - Conception occurred due to incorrect or inconsistent use of a contraceptive method.

4. Contraceptive Method Failure - Conception occurred despite correct and consistent use of a contraceptive method.

Reason for Continuing Pregnancy

5. Pregnancy Desired - The pregnancy at one point was planned with parenthood in mind. Circumstances changed and parenthood and therapeutic abortion are not acceptable alternatives to the client.

6. Pregnancy not planned and parenthood not desired. Therapeutic abortion is not an acceptable alternative to the client.

7. Client would have chosen a therapeutic abortion but continued the pregnancy because medically or psychologically to the woman, the pregnancy was too far advanced to terminate.

8. Client would have chosen a therapeutic abortion but continued the pregnancy due to lack of access to medical services.

9. Client was denied a therapeutic abortion by a therapeutic abortion committee.

R C. Referral for Therapeutic Abortion - The decision is made by the client to terminate the pregnancy.

Reason for Conception

1. No contraceptive method was used.

2. An ineffective method (as defined by the Information System) was used.

3. User Failure - Conception occurred due to incorrect or inconsistent use of a contraceptive method.

4. Contraceptive Method Failure - Conception occurred despite correct and consistent use of a contraceptive method.

Reason for Termination

5. The pregnancy at one point was planned with parenthood in mind. Circumstances have changed. Parenthood and adoption are not acceptable alternatives to the client.

6. The pregnancy was not planned and parenthood is not desired. Adoption is not an acceptable alternative to the client.

R D. Undecided - All alternatives are discussed with no concrete decision being reached. Referral to a professional counsellor for more in-depth counselling may have been made.

Reason for Conception

1. No contraceptive method was used.

2. Ineffective method (as defined by the Information System) was used.

3. User Failure - Conception occurred due to incorrect or inconsistent use of a contraceptive method.

4. Contraceptive Method Failure - Conception occurred despite correct and consistent use of a contraceptive method.

5. Pregnancy Planned - Pregnancy originally desired.

6. Pregnancy Unplanned.

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
CLINICAL SERVICES DATA SUMMARY

Health Education & Promotion Services

Month: Page of

	Contraceptive Services Provided																			Routine Screening									STD Screening					
	OC Initiation	Post-Coital OC	OC Continuation	IUD Insertion	Post-Coital IUD	IUD Check	IUD Removal	Diaphragm Fit	Diaphragm Check	Cap Fit	Cap Check	Spermicide	Condoms	Fertility Awareness	Pelvic Exam	Breast Exam	BSE Taught	Height	Weight	B.P.	Urinalysis	Hemoglobin	Pregnancy Test	Positive Test	Negative Test	Rubella Titre	Rubella Immun.	Pap Test	Herpes	Chlamydia	Other STD	Syphilis V.D.R.L.	Other Rx	
1																																		1
2																																		2
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CLINICAL SERVICES DATA SUMMARY

E *Contraceptive Services Provided* - *Taken from the Client Clinical Record at each visit. More than one type of service may be entered. N.B. Only the total number of Contraceptive Services Provided is Essential Information.*

E *Clinical Services Provided* - *Taken from the Client Clinical Record at each visit. N.B. not all data items are considered Essential, therefore this number represents an underestimate of the total number of clinical services provided.*

E *Number of Hours in Clinical and Counselling Activities* - *The total number of hours spent in providing and documenting clinical and counselling services rounded to the nearest quarter hour. Each staff member's time is to be included, e.g. physicians, nurses and support staff. For example, if 5 staff work a 3 hour clinic, the total number of hours in the activity is 15 hours, 3 X 5 = 15.*

EDUCATION SERVICES RECORD

The Education Services Record (SSCH 1286) was designed to record education activities of family planning programs.

Each event is to be counted as one activity. An event represents the education service provided to a group (i.e. A series of six presentations to the same group is one activity; a three-day workshop to one group is one activity; a two-hour staff-inservice is one activity).

The form was designed to contain all pertinent information about one education activity and should be completed and recorded in the month when the last education session is held.

At the end of each moth, forms can be separated by type of education activity, i.e. Professional Inservice Education, Community Education, etc. and tabulated.

Essential information from this form is to be recorded on the Family Planning Quarterly Summary form.

Use of the Education Services Record is optional in the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
EDUCATION SERVICES RECORD

Health Education & Promotion Services

Organization:	Group:
Target Group:	Presentor:

NUMBER OF PARTICIPANTS

☐☐ **EDUCATION PROFESSIONALS INVOLVED**

PROFESSIONAL INSERVICE - EDUCATION

☐☐☐ Own Agency Staff ☐☐☐ Other Professionals ☐☐☐ Mixed

☐☐☐ Education Professionals ☐☐☐ Post-Secondary Stuents

DIRECT CLASSROOM EDUCATION

☐☐ K - 3 ☐☐ 4 - 6 ☐☐ 7 - 9 ☐☐ 10 - 12

COMMUNITY EDUCATION

☐☐☐ 12 and Under ☐☐☐ Teen ☐☐☐ Adult ☐☐☐ Geriatric ☐☐☐ Mixed

SPECIAL NEEDS EDUCATION

☐☐☐ 12 and Under ☐☐☐ Teen ☐☐☐ Adult ☐☐☐ Geriatric ☐☐☐ Mixed

DATE Y M D	No. Hours Presentation Time	No. Hours Support	No. Hours Travel	Topic
Total:				

SSCH 1286 (84/11)

EDUCATION SERVICES RECORD

R Organization - The name of the group, agency or organization requesting the education service, i.e. City High School.

R Group - The subset of the group which received the education services, i.e. Grade 11 Home Economics class.

R Target Group - The population the education service is aimed at. N.B. This may not be the same group that is receiving the service directly.

R Presentor - The name(s) of staff providing the education service.

PROFESSIONAL INSERVICE-EDUCATION - A formal program developed and presented or facilitated by agency staff, that is targeted to professionals who will use the information in their own professional activities. Data regarding Professional Inservice - Education services are to be tabulated according to the following categories:

- *Own Agency Staff* - Staff currently employed by your own agency from another program area.
- *Education Professionals* - Teachers working in education at the high school, junior, elementary, or kindergarten level.
- *Other Professionals* - Professionals other than staff or education professionals who would use the information in their own professional activities (i.e. social workers, physicians, pharmacist, day care workers, etc.).
- *Post Secondary Students* - Students enrolled in post-secondary education/training.
- *Mixed Professional Group* - More than one classification of professionals attended the inservice-education program.

E *Number of Activities by Participant Type - Each event is to be counted as one activity. An event represents the education service provided to a group (i.e. A series of six presentations to the same group is one activity; a three-day workshop to one group is one activity; a two-hour staff-inservice is one activity). The number of activities is to be tabulated according to the categories listed above.*

E *Number of Participants - Each participant is to be counted only once per event (i.e. a 6-part series to 30 students = 30; NOT 6 X 30 = 180). The number of participants is to be tabulated according to the categories listed above.*

E *Number of Hours Presentation Time - The actual hours presenting or facilitating the professional inservice-program rounded to the nearest quarter hour. In the case of co-presenting, include both presenters' times. Tabulated according to the categories listed above.*

E *Number of Hours in Support - The number of hours spent in planning, researching, reporting and setting up for an educational program. Tabulated according to the categories listed above.*

R Number of Hours in Travel The number of hours spent travelling to and from an educational program rounded to the nearest quarter hour, and tabulated according to the categories listed above.

DIRECT CLASSROOM EDUCATION - Educational services provided to students, grade K-12, in their classroom. Data regarding Direct Classroom Education services are to be tabulated according to the following categories:

- Kindergarten to grade 3
- Grade 4 to grade 6
- Grade 7 to grade 9
- Grade 10 to grade 12

E *Number of Activities by Grade Level - Each event is to be counted as one activity. An event represents the education service provided to a group. The number of activities is to be tabulated according to the categories listed above.*

E *Number of Participants by Grade Level - Each participant is to be counted only once per event. The number of participants is to be tabulated according to the categories listed above.*

E *Number of Hours of Presentation Time by Grade Level - The actual hours presenting educational services to primary and secondary students in the classroom tabulated according to the categories listed above.*

E *Number of Hours in Support - The number of hours spent in planning, researching, reporting and setting up for an education activity. Tabulated according to the categories listed above.*

R Number of Hours in Travel - The number of hours spent travelling to and from an educational activity, rounded to the nearest quarter hour; and tabulated according to the categories listed above.

E *Education Professional Involved - The professional participates or observes the education program with the intent of thereafter delivering the service.*

N.B. The hours recorded here are a duplication of the hours recorded under target population. Caution must be used in presenting the data. The hours recorded for modeling education activities are not to be included in the total educational services hours because they have already been recorded.

COMMUNITY EDUCATION - Education services to lay groups not defined as professional groups above (i.e. parent, pre/post-natal classes, women's groups). Data regarding Community Education services are to be tabulated according to the following categories:

- *12 years old and under*
- *Teen (13 - 19 years old)*
- *Adult (20 - 64 years old)*
- *Geriatric (65 years and older)*
- *Mixed age group*

E *Number of Activities - Each event is to be counted as one activity. An event represents the education service provided to a group. The number of activities is to be tabulated according to the categories listed above.*

E *Number of Participants - Each participant is to be counted only once per event. The number of participants is to be tabulated according to the categories listed above.*

E *Number of Hours Presentation Time - The actual hours presenting or facilitating Community Education activities rounded to the nearest quarter hour and tabulated according to the categories listed above.*

E *Number of Hours in Support - The number of hours spent in planning, researching, reporting and setting up for an educational activity. Tabulated according to the categories listed above.*

R Number of Hours in Travel - The number of hours spent travelling to and from an education activity rounded to the nearest quarter hour. Tabulated according to the categories listed above.

E *Education Professional Involved - The professional participates or observes the education program with the intent of thereafter delivering the service.*

N.B. The hours recorded here are a duplication of the hours recorded under target population. Caution must be used in presenting the data. The hours recorded for modeling education activities are not to be included in the total educational services hours because they have already been recorded.

SPECIAL NEEDS EDUCATION - Programs to groups whose educational needs are not adequately met in a program designed for the general population (i.e. mentally handicapped, physically handicapped, special education, drug or alcohol groups, self-help groups). Data regarding Special Needs Education services are to be tabulated according to the following categories:

- *12 years old and under*
- *Teen (13-19 years old)*
- *Adult (20 - 64 years old)*
- *Geriatric (65 years and older)*
- *Mixed Age Group*

E *Number of Activities - Each event is to be counted as one activity. An event represents the education service provided to a group. The number of activities is to be tabulated according to the categories listed above.*

E *Number of Participants - Each participant is to be counted only once per event. The number of participants is to be tabulated according to the categories listed above.*

E *Number of Hours Presentation Time - The actual hours presenting or facilitating the Special Needs Program rounded to the nearest quarter hour, and tabulated according to the categories listed above. In the case of co-presentors, include each presenter's time.*

E *Number of Hours in Support - The number of hours spent in planning, researching, reporting and setting up for an educational activity, tabulated according to the categories listed above.*

R Number of Hours in Travel - The number of hours spent travelling to and from an education activity rounded to the nearest quarter hour. Tabulated according to the categories listed above.

E *Education Professional Involved - The professional participates or observes the education program with the intent of thereafter delivering the service.*

N.B. The hours recorded here are a duplication of the hours recorded under target population. Caution must be used in presenting the data. The hours recorded for modeling education activities are not to be included in the total educational services hours because they have already been recorded.

CONSULTATION SERVICES RECORD

The Consultation Services Record (SSCH 1284) was designed to record the Consultation activities of family planning programs.

Consultation Services are information services provided to professionals for use in their professional activities or to a member of the community at large who will be sharing the information with other members of the community.

The form was designed to contain all pertinent information about one consultation activity. At the end of each month the forms can be separated by type of consultation, i.e. Program Planning, Resource, etc. and tabulated.

Essential information from this form is to be recorded on the Family Planning Quarterly Summary form.

Use of the Consultation Services Record is optional in the Information System.

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
CONSULTATION SERVICES RECORD

Health Education & Promotion Services

me:

Date:

ency:

Staff:

Address:

Telephone:

cipient of Service

☐ Own Agency Staff
☐ Other Professional
☐ Education Professional
☐ Community at Large
☐ Student K-12
☐ Post Secondary Student

cation of Service ☐ In Person ☐ Written ☐ Telephone ☐ Combination

Type of Service

☐ Program Planning
☐ Resource Consultation
☐ Curriculum Consultation
☐ Informational Consultation

Number of Hours in Providing Services
Consultation
pport
Travel
otal:

NOTES

Content:

Resources Suggested:

Comments:

CH 1284 (84/11)

CONSULTATION SERVICES RECORD

R Name - The name of the person receiving the consultation.

R Date - The date of the consultation.

R Agency - The name of the agency employing the recipient of the consultation, if appropriate.

R Staff - The name of the staff providing the consultation, if appropriate.

R Address - The address of the recipient, if appropriate.

R Telephone - The telephone number of the recipient, if appropriate.

E Recipient of Services - The number of consultations are tabulated according to the following categories:

- *Own Agency Staff - Staff or volunteers currently employed by your own agency from another program area.*
- *Education Professionals - Teachers working in education at the high school, junior, elementary or kindergarten level.*
- *Other Professionals - Professionals other than staff or education professionals (i.e. social workers, physicians, pharmacists, daycare workers).*
- *Community-at-Large - Any member of the community not already described.*
- *Students - Students currently enrolled at the primary or secondary level.*
- *Post-Secondary Students - Students currently enrolled in a post-secondary institution or training facility.*

R Location of Services - The number of consultations are to be tabulated according to the following categories:

- In-person - Information exchange face-to-face in an office, school or other meeting place.
- Telephone - Information exchange over the telephone.
- Written - Information exchange in writing.
- Combination - Information exchange involving more than one of the above.

E Type of Services - The number of consultation are to be tabulated according to the following categories with only one type of service recorded for each consultation.

- *Program Planning Consultation* - *The major focus of the consultation is an information exchange to aid in the design of a formal plan of action or service, (i.e. other family planning program administrative consultation).*

- *Resource Consultation* - *The major focus of the consultation is an information exchange pertaining to resources that would be suitable to enhance a given educational presentation, (i.e. audio-visual, kits, books, pamphlets or guest speakers).*

- *Curriculum Consultation* - *The major focus of the consultation is an information exchange pertaining directly to the content of an educational program in the presentation of educational materials (i.e. school system, special education, in-service).*

- *Information Consultation* - *The major focus of the consultation is an information exchange pertaining to a specific topic.*

E *Number of Hours Providing Consulting Services* - *The number of hours in verbal or written communication, rounded to the nearest quarter hour.*

E *Number of Hours In Support* - *The number of hours in research, preparation for a consultation activity, rounded to the nearest quarter hour.*

R Number of Hours in Travel - The number of hours spent travelling to and from a consultation, rounded to the nearest quarter hour.

N.B. Space has been allocated at the bottom of the form to record details of the consultation service including the content, resources suggested and any comments.

RESOURCE SHARING RECORD

The Resource Sharing Record (SSCH 1287) was designed to record the number of times agency films, books, etc., are used and the amount of time required to maintain these resources. One form was developed to record all resource sharing activities for one month.

Consultation regarding the appropriate resource for a particular presentation should be documented on a Consultation Services Record.

There are no Essential data items in this form.

Use of the Resource Sharing Record form is optional in the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING RESOURCE SHARING RECORD

Health Education & Promotion Services

Month:

Page of

ACTIVITIES:

BOOKS LENT	PAMPHLETS DISTRIBUTED	FILMS/AV USED/SHARED
TOTAL NUMBER:	TOTAL NUMBER:	TOTAL NUMBER:

TIME ALLOCATION:

PREVIEWING MATERIALS		ORDERING/BUDGETING		MAINTAINING LIBRARY	
Date	Minutes	Date	Minutes	Date	Minutes
Total Time		Total Time		Total Time	

SSCH 1267 (84/03)

RESOURCE SHARING RECORD

R Number of Books Lent - The number of books from your program's library lent to individuals; either program staff, volunteers, or the general public.

R Number of Pamphlets Distributed - The number of pamphlets or other printed material distributed by your family planning program to individuals or other agencies.

R Number of Films and Other AV Equipment Use/Shared - The number of times your family planning program's films, filmstrips, audio or video tapes are used by your own agency staff or lent out to other individuals.

R Number of Hours Previewing Materials - The number of staff hours reviewing resource materials with intent to purchase.

R Number of Hours Ordering/Budgeting/Budget Monitoring Regarding Resources - Number of staff hours spent in the above activities.

R Number of Hours Maintaining the Library - Number of staff hours developing and maintaining a system for identification and circulation of resources.

TELEPHONE RECORD

The Telephone Record (SSCH 1279) form was designed to record telephone calls regarding counselling, information and referral. Each call received by the family planning program requesting counselling, information and referral should be counted as one telephone contact. Administrative phone calls are not to be included.

Telephone calls whose topic is consultation regarding program planning, resources, curriculum and information should be documented using the Consulting Services Record.

Telephone calls from clients are to be recorded as telephone contacts. Programs may wish to document the call on the client's Clinical or Counselling Record.

The Essential data items regarding this service are the estimated number of telephone contacts and the estimated number of hours providing these services. These data items are to be recorded on the Family Planning Quarterly Summary form.

Use of the Telephone Record is optional in the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
TELEPHONE RECORD

Health Education & Promotion Services

Month:

Page of

Number of Contacts	SEX		APPOINTMENT ONLY				INFORMATION							COUNSELLING							REFERRAL						Time	
	Male	Female	Clinic	Office	Resource Bookings		Contraceptive	STD	Pregnancy Testing	Program Services				Contraceptive	STD Counselling	Pregnancy	Sexuality				Medical Service	Social Service	Other Family Planning Program					
1																												1
2																												2
3																												3
4																												4
5																												5
6																												6
7																												7
8																												8
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9																												9
0																												0
1																												1
2																												2
3																												3
4																												4
5																												5
6																												6
7																												7
8																												8
9																												9
0																												0
Total																												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	

SSCH 1279 (84/03)

TELEPHONE RECORD

E *Number of Contacts - The number of individuals who call the family planning program requesting an appointment, counselling, information and/or referral. Do not include telephone consultations, calls made out of your program or administration phone calls. Telephone consultation are to be recorded on the Consultation Services Record. Administration phone calls are not recorded. N.B. This number can be estimated.*

R Sex - The gender of the caller, either male or female.

R Appointment Only - An individual is calling to set up an appointment only and receives no counselling, information or referral services. Appointments may be recorded under the following headings:

- Clinic
- Office
- Resource Booking
- Other - Heading to be determined by each program.

R Information - An individual is calling for information for their own use. If the information requested is to be shared with others it should be recorded as a consultation.

Information services may be recorded under the following headings:

- Contraceptive
- STD
- Pregnancy Testing
- Program Services
- Other - Heading to be determined by each program.

R Counselling - An individual is calling to receive counselling services. Counselling services may be recorded under the following headings:

- Contraceptive
- STD
- Pregnancy Testing
- Program Services
- Other - Heading to be determined by each program.

R Referral - An individual is calling to receive a referral to another agency, professional or service. Referral services may be recorded under the following headings:

- Medical
- Social Services
- Other Family Planning Program
- Other - Headings to be determined by each program.

E *Time - Estimated time spent providing telephone information, counselling, and referral services.*

LIAISON/PUBLIC RELATIONS/COMMUNITY AWARENESS RECORD

The Liaison/Public Relations/Community Awareness Record (SSCH 1285) was designed to record those activities that increase the visibility of the program and promote the coordination of activities in the community. One form was designed to record the spectrum of possible activities for one month.

There is no Essential information contained in this form.

Use of this form is optional in the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
LIAISON / PUBLIC RELATIONS / COMMUNITY AWARENESS RECORD

Health Education & Promotion Services

MEDIA CONTACTS

Month:

Page of

Date	Contacts

Total of Contacts:

NUMBER OF HOURS IN INTERAGENCY MEETINGS

Date	Name	Time Allocation Family Planning Related Yes	No
	Total Time:		

NUMBER OF HOURS IN NEWSLETTER PREPARATION

Date	Time	Date	Time	Date	Time	Date	Time	Total Time

MALL / CONFERENCE DISPLAYS

Date	Activity	Time

Total Number of Activities:

Total Time:

OTHER COMMUNITY AWARENESS ACTIVITIES

Date	Activity	Time

Total Number of Activities:

Total Time:

SSCH 1285 (84/03)

LIAISON/PUBLIC RELATIONS/COMMUNITY AWARENESS RECORD

R Number of Media Contacts - Record the occasions when contact was made either in person, in writing, or by telephone with any newspaper, magazine, radio station or television station personnel.

R Number of Hours in Inter-Agency Meetings, Family Planning and Sexuality Related - Record the number of hours spent in meetings and time travelling to meeting with persons belonging to agencies other than your own to discuss family planning and sexuality related issues and services (excluding Standing Committee and Subcommittee meetings).

R Number of Hours in Inter-agency Meetings NOT Primarily Family Planning Related - Record the number of hours spent in meetings with persons belonging to agencies other than your own where the main purpose of the meeting is to discuss a broad range of issues and services.

R Number of Hours in Newsletter Preparation - Record the number of hours spent in reading or other research, writing and printing of program's newsletter.

R Number of Activities where Family Planning Displays are utilized.

R Number of Staff/Volunteer Hours Spent in Malls/Conference Displays - including preparation, set-up, staffing and travel.

R Number of Agency Promotion Activities - Number of activities where the primary reason for the meeting or presentation is to inform the person or group of the services provided by your family planning program.

R Number of Hours Spent in Agency Promotion Activities - including preparation, presentation/meetings and travel.

PROGRAM ADMINISTRATION TIME ALLOCATION RECORD

The Program Administration Time Allocation Record (SSCH 1282) was designed to record the amount of staff time spent in administrative activities. One form was developed to record time spent in administration activities for one month.

The only Essential information from this form is regarding Standing Committee and Subcommittee activities. This information is to be recorded on the Family Planning Quarterly Summary form.

Use of the Program Administration Time Allocation Record is optional in the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING
PROGRAM ADMINISTRATION
TIME ALLOCATION RECORD

Health Education & Promotion Services

MONTH ____________________

Date	Standing Committee/Subcommittee				Budget Preparation/ Monitoring	Program Development	Data Gathering	Report Preparation	Program Evaluation	Quality Assurance	Ordering Supplies	New Staff Orientation	Other Staff Orientation	Board Meetings	Inter-Departmental Meetings					
	Type	Meeting	Support	Travel																
TOTAL TIME																				

82 (84

PROGRAM ADMINISTRATION TIME ALLOCATION RECORD

R Budget Preparation/Budget Monitoring - Number of hours preparing budget submissions, and monitoring program expenditures.

E *Standing Committee Meetings - Number of hours spent attending the meetings of the Standing Committee on Family Planning.*

E *Standing Committee Support - Number of hours spent preparing for Standing Committee meetings or working on any of the activities of the Standing Committee, ie. completion of surveys.*

E *Standing Committee Travel - Number of hours spent in out-of-town travelling to and from Standing Committee, starting from the time of departure from your workplace or residence, to the meeting site. Repeat for return trip ending with arrival at your workplace or residence. Round to the nearest quarter hour.*

E *Subcommtitee Meetings - Number of hours spent attending the meetings of a Subcommittee of the Standing Committee on Family Planning by Subcommittee members.*

E *Subcommittee Support - Number of hours spent working on any of the activities of the Subcommittee while a member of that particular Subcommittee members.*

E *Subcommittee Travel - Number of hours spent in out-of-town travelling to and from Subcommittee meetings, starting from the time of departure from your workplace or residence to the meeting site. Repeat for the return trip ending with arrival at your workplace or residence. Round to the nearest quarter hour.*

R Program Development/Program Planning - Number of hours spent in program development and program planning activities for your family planning program, i.e. proposal preparation, needs assessments.

R Data Gathering - Number of hours documenting services on appropriate forms, i.e. summarizing activities on the Counselling and Clinical Essential Data Summary. N.B. Time spent documenting client Clinical and Counselling Services should be included as part of the provision of those services. Time spent documenting Education and Consultation Services should be documented as time spent in support of these services.

R Report Preparation - Number of hours spent collating data and preparing written reports of program activities, i.e. collation of data for the Family Planning Quarterly Summary form, preparation of Annual Report, completion of Annual Survey.

R Program Evaluation - Number of hours spent in formal program review to determine if the objectives of the program have been achieved.

R   Quality Assurance - Number of hours spent in a formal review of practice to determine level of compliance with established procedures and standards, i.e. chart reviews.

R   Personnel Administration - Number of hours spent completing payroll forms, time and expense forms, staff hiring and evaluation.

R   Ordering Supplies - Number of hours spent ordering office supplies, clinic supplies and other items (excluding resources, i.e. books, films, pamphlets).

R   New Staff Orientation - Number of hours spent orientating your family planning program staff to your program, family planning services in the province, and family planning resources.

R   Board Meetings - Number of hours spent preparing for and attending meetings of your family planning program's or Health Unit's Board.

R   Interdepartmental Meetings - Number of hours spent preparing for and attending meetings with people from other program areas within your agency or Health Unit.

FAMILY PLANNING QUARTERLY SUMMARY

The Family Planning Quarterly Summary form (SSCH 1280) was designed to facilitate the reporting from family planning programs to Health Education and Promotion Services. This data is collected to assist Health Education and Promotion Services respond to requests for information about family planning services in Alberta and to serve as an information base for program consultation.

Information collected by the Quarterly Summary form will be collated by Health Education and Promotion Planning Services for inclusion in the Report of the Annual Survey of Family Planning Programs, reports as requested by the Standing Committee on Family Planning and other reports requiring aggregate data. Information collected by the Family Planning Quarterly Summary form will only be released in its aggregate form or with the written permission of the family planning program concerned.

It is recommended that programs maintain a copy of the Family Planning Quarterly Summary form to assist them in report preparation and program management.

Completed Family Planning Quarterly Summary forms are to be submitted to Health Education and Promotion Services by the 15th of the month following the end of the quarter.

Use of the Family Planning Quarterly Summary form is required by the Information System.

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

FAMILY PLANNING QUARTERLY SUMMARY

Health Education & Promotion Services

Program Name	Program #	Year	Months

I EDUCATION SERVICES

Professional Inservice Education

	Own Agency Staff	Education Professionals	Other Professionals	Post-Secondary Students	Mixed
No. of participants					
No. of activities					
No. of hours presenting					
No. of hours in support					

Direct Classroom Education

	GRADE LEVEL				
	K - 3	4 - 6	7 - 9	10 - 12	Education Professional Involved
No. of participants					
No. of activities					
No. of hours presenting					
No. of hours in support					

Community Education

	12 and under	Teen	Adult	Geriatric	Mixed	Education Professional Involved
No. of participants						
No. of activities						
No. of hours presenting						
No. of hours in support						

Special Needs Education

	12 and under	Teen	Adult	Geriatric	Mixed	Education Professional Involved
No. of participants						
No. of activities						
No. of hours presenting						
No. of hours in support						

II CONSULTATION SERVICES

Type of Service	No. of activities
Program planning	
Resource consultation	
Curriculum consultation	
Information consultation	

	Own Agency Staff	Other Professionals	Education Professionals	Community at Large	Students K - 12	Post-Secondary Students
No. of recipients						
No. of activities						
No. of hours providing consulting services						
No. of hours in support						

III TELEPHONE COUNSELLING INFORMATION AND REFERRAL SERVICES

Estimated no. of telephone contacts	
Estimate of no. of hours providing telephone counselling and referral services	

SCH 1260 (84/11)

IV CLINICAL AND COUNSELLING SERVICES

Number of Clients and Visits

No. of New Client First Visits	+	No. of Previous Client First Visits	+	Total No. Return Visits	=	Total No. Visits
	+		+		=	

Age and Sex of Clients

	FEMALES	MALES	TOTAL
19 years and under			
20 - 24 years			
25 - 29 years			
30 - 34 years			
35 - 39 years			
40 - 44 years			
45 years +			
Total			

Source of Referrals

Parent	
Friend	
Physician	
Educational Program	
Media	
Self	
Other	

Total no. support persons	

Domicile

Urban	
Rural	
Out of Province	

Counselling Services Provided

Decision making	
Birth planning	
Contraceptive	
Subfertility	
FA (Non-Contraceptive)	
Post abortion	
Sexuality	
STD	
Pregnancy	
Other	
Total	

Referrals Made

Medical	
Social Services	
Other F.P. Program	

Payment

Fee for Service	
AHC Billed	
Other HC Billed	

Supplies

Free	
Partial Payment	
Full Payment	
Purchased Outside	

Number of Hours

Clinical and counselling services	
Counselling services	

Clinical Services Provided

Pregnancy testing	
Contraceptive	
Pelvic exam	
Breast exam	
BSE taught	
Routine screening	
Total Pap tests	
STD screening	
Rubella titre	
Rubella immunization	
STD Rx	
Other Rx	
Total	

V STANDING COMMITTEE ACTIVITIES

Number of Hours

Standing Committee

Meetings	
Support	
Travel	

Subcommittee

Meetings	
Support	
Travel	

FAMILY PLANNING QUARTERLY SUMMARY

E *Education Services Provided* - *Tabulated from the Education Services Record or equivalent.*

Summary information is required for the following data items:

- *Professional Inservice - Education* - *Number of participants, activities, hours in presentation and hours in support by type of professional recipient.*

- *Direct Classroom Education* - *Number of participants, activities, hours in presentation and hours in support by grade level groupings of recipients, as well as data regarding the Education Professionals involved.*

- *Community Education* - *Number of participants, activities, hours in presentation and hours in support by age grouping of recipient, as well as data regarding the Education Professionals involved.*

- *Special Needs Education* - *Number of participants, activities, hours in presentation and hours in support by age grouping of recipient, as well as data regarding the Education Professionals involved.*

E *Consultation Services Provided* - *Tabulated from the Consultation Services Record or equivalent.*

Summary information is required for the following data items:

- *Number of activities by type of service.*

- *Number of recipients, activities, hours in providing services and hours in support by type of recipient.*

E *Telephone Counselling Information and Referral Services Provided* - *Tabulated using the Telephone Record, or equivalent.*

Summary information is required for the following data items:

- *Estimated number of telephone contacts.*

- *Estimated number of hours providing telephone information, counselling and referral services.*

E *Clinical and Counselling Services Provided* - *Tabulated using the Client Counselling Record and Client Clinical Record as well as the Counselling and Clinical Data Summary Forms, or equivalent.*

Summary information is required for the following data items:

- *Number of visits by client status.*
- *Number of clients by sex and age.*

- *Number of support persons.*
- *Number of referrals by source of referral.*
- *Number of clients by domicile classification.*
- *Number of counselling services by type of service.*
- *Number of clinical services by type of service.*
- *Number of referrals made by type of referral.*
- *Number of visits where payment was received for services provided, or that Alberta Health Care, or other insurance plan was billed.*
- *Number of visits where supplies are provided free, with partial payment, full payment or purchased outside the family planning program.*
- *Number of hours spent in providing clinical and counselling services.*

E *Number of Hours in Standing Committee Activities - Tabulated using the Program Administration Time Allocation Record, or equivalent.*

Summary information is required for the following data items:

- *Number of hours in Standing Committee meetings, support and travel.*
- *Number of hours in Subcommittee meetings, support and travel.*

APPENDIX A

FAMILY PLANNING PROGRAM CODES

L.H.A. Based Programs - Codes are the same as the International Vaccination Stamp number.

Alberta West Central Health Unit - Family Planning Project	14
Calgary Health Services - Sexuality Division	03
City of Edmonton Local Board of Health - Birth Control Clinic	02
City of Lethbridge Health Unit - Family Planning Centre	11
Fort McMurray and District Health Unit	16
Minburn - Vermilion Health Unit	22
North Eastern Alberta Health Unit	24
South Peace Health Unit - Sexuality Education and Family Planning Program	17
Vegreville Health Unit	29
Wetoka Health Unit	30

Voluntary Association

Planned Parenthood Alberta	50
Calgary Birth Control Association	51
Planned Parenthood Association of Edmonton	52
Serena Alberta	60
Serena Calgary	61
Serena Edmonton	62

APPENDIX B

ANNUAL SURVEY OF ALBERTA FAMILY PLANNING PROGRAMS

Although technically not a part of the Information System, the information obtained through the Annual Survey of Alberta Family Planning Programs contribute to the data base on service delivery by all the family planning programs.

The Annual Survey requests administration information from each family planning program to facilitate consultation and update the Family Planning Program Directory.

In addition, summary information from selected data items are included in the Report of the Annual Survey of Family Planning Programs.

Information collected by the Annual Survey form will only be released in its aggregate form or with the written permission of the family planning program concerned.

SAMPLE

ANNUAL SURVEY OF

ALBERTA FAMILY PLANNING PROGRAMS

This survey covers the period April 1, 1984 - March 31, 1985 and is designed to complement the information collected on the Family Planning Quarterly Summary Form to provide a comprehensive overview of the activities of family planning programs in the Province.

Please return your completed Annual Survey and accompanying materials to:

HEALTH EDUCATION AND PROMOTION SERVICES
5th Floor, Seventh Street Plaza
10030 - 107 Street
Edmonton, Alberta T5J 3E4

84/04/01
HS024G 0116.0.0

SAMPLE

TABLE OF CONTENTS

PAGE

I. Program Identification Information 1

II. Program Goals and Objectives 3

III. Program Priorities 4

IV. Program Personnel 5

V. Staff Inservice and Continuing Education Activities 6

VI. Funding 7

VII. Outside Requests for Services 8

SAMPLE

I. PROGRAM IDENTIFICATION

Please review the attached information sheet describing your program taken from the Alberta Family Planning Directory for accuracy and completeness.

SAMPLE

To be replaced with your program's description from last year's Family Planning Directory Update.

SAMPLE

II. PROGRAM GOALS AND OBJECTIVES

i. Goals and Long Term Objectives

Please attach a copy of the goals and long term objectives of your family planning program if different from the previous submissions to the Annual Survey.

ii. Short Term Objectives and Program Priorities for Upcoming Year

Please attach a copy of your program's objectives and progrem priorities for the upcoming year. Also include information about any new projects planned for the upcoming year.

iii. Annual Report

Please attach a copy of your family planning program's Annual Report for the year 1984, if available.

SAMPLE

III. PROGRAM PRIORITIES

Please rank the list of possible family planning services listed below according to your program/agency emphasis.

#1 ranks as the highest priority for program services.
#2 ranks as the second highest priority for program services.
#3 and so on through to that service which assumes the lowest priority.

Write N/A on the line in front of any service your program or agency does not provide.

________ Family Planning Clinical Services
________ Pregnancy Testing Service
________ Contraceptive Counselling and Referral
________ Pregnancy Counselling and Referral
________ Subfertility Counselling and Referral
________ Consultation Services to Other Professionals
________ Professional Inservice Education
________ Direct Classroom Education to Students Grades K-12
________ Community Education
________ Special Needs Education Programs
________ Telephone Counselling, Information, and Referral Services
________ Maintaining a Resource Library and Resource Sharing
________ New Program Planning and Development
________ Other ____

SAMPLE

IV. PROGRAM PERSONNEL

N.B. Please attach a copy of position description(s) that have been added or changed since its submission to the Annual Survey.

i. Paid Personnel

In the space provided, please list each position title, incumbent, full time equivalency (F.T.E.) and number of months this fiscal year the incumbent held the position.

Title of Position	Incumbent	F.T.E.	# of Months Employed

Number of months of staff vacancies during the past fiscal year ____

Number of vacancies as of March 31 ____________________

Projected vacancies or new positions in upcoming fiscal year ______

ii. Volunteer Personnel

Please estimate the number of volunteers and volunteer hours contributed by Board/Advisory Committee members and Other Volunteers during the period April 1, 1984 - March 31, 1985.

	Board Members	Other Volunteers
Number of volunteers		
Number of hours of service delivery		
Number of hours of training & inservice		
TOTAL VOLUNTEER HOURS		

SAMPLE

V. STAFF INSERVICE AND CONTINUING EDUCATION ACTIVITIES

i. Staff Inservice Education (Internal)

Topic	Length of Presentation	Total # of Staff Hours

ii. Staff Continuing Education Activities (External)

Staff Name	Title	Sponsor	# of Hours

SAMPLE

VI. FUNDING

Please answer the following section as it applies to the fiscal year April 1, 1984 - March 31, 1985.

Source of Funding	$ Amount	For Office Use Only
Federal Government Demonstration Project		
Federal Government - Other: ____________		
STEP		
PEP		
Local Health Authority, 'A' Budget		
Local Health Authority, 'B' Budget		
Family & Community Support Services		
Membership		
Donations		
Honoraria		
Fee for Service		
Sales of Books and Supplies		
Grant From Parent Organization		
Other Grants: ____________		
Other Sources of Income: ____________		
TOTAL BUDGET		

SAMPLE

VII. OUTSIDE REQUESTS FOR SERVICES

Family planning programs may on occasion receive requests for services from outside their service delivery area.

Below please list the name of the community, the group or organization which received the service, community and type of service provided for any services you provided during the last calendar year which is outside your service delivery area.

ANNUAL SURVEY OF ALBERTA FAMILY PLANNING PROGRAMS

Program Identification - The review of the information sheet from the Alberta Family Planning Directory for accuracy and completeness.

Organization's Goals and Long Term Objectives - Current program's goals and objectives are to be submitted if they have been revised from previous Annual Survey response.

Short Term Objectives and Program Priorities - Program priorities for the year being reported and for the upcoming year, including the identification of new projects planned for the upcoming year.

Annual Report - A copy of your program's or agency's annual report from the previous calendar year, if available.

Paid Program Personnel - Name and title of each paid staff member, number of months during the reporting period the staff member was employed by the program, and full-time equivalences. Number of months of staff vacancies for the program, and projections of new staff positions in upcoming year.

Volunteer Program Personnel - The total number of volunteers, total number of hours of service provided by volunteers, and the total number of hours of initial training of program volunteers. Advisory Boards and program-specific Boards, but not Health Unit Boards, are a special category of volunteers.

Staff Inservice Education (Internal) - A listing of the topic, length of presentation and total number of staff hours as well as the grand totals of number of inservice activities and number of staff hours. One inservice is one activity. One 2-hour inservice attended by 5 people equals 10 staff hours of inservice. (N.B. An inservice activity is an educational program provided or arranged by your agency to update the skill level of your agency's staff, paid or volunteer).

Staff Continuing Education Activities (External) - A listing of the name of the staff who attended the Continuing Education activity, title of the continuing education program, conference, workshop, etc., sponsor of the continuing education program and number of hours attending a program that is sponsored by an agency other than your own.

Funding Sources - Annual listing of the amount and source of program funding.

Outside Requests for Services - A listing of services provided to professionals or groups that practice or reside outside of your program's service delivery area. Please list the name of the community, type of professional or organization and type of service provided for each service provided.